| Fill in this information to identify your case: | | |
|---|-------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF OHIO | _ | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | Part 1: Identify Yourself | | | | | | |
|----|--|--|---------------|--|--|--|--|
| | | About Debtor 1: | Al | bout Debtor 2 (Spouse Only in a Joint Case): | | | |
| 1. | Your full name | | | | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Edward Middle name Thompson, Jr. Last name and Suffix (Sr., Jr., II, III) | Fi Le M | ennifer irst name eee fliddle name Chompson ast name and Suffix (Sr., Jr., II, III) | | | |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | | | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-9829 | X | xx-xx-9251 | | | |

Official Form 101

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|----|---|---|--|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ■ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINS | EINs | | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | | |
| | | 190 Faircrest St. SW Canton, OH 44706 | | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Stark County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any | Check one: Over the last 180 days before filing this petition, I | | | |
| | | other district. | have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

| | otor 1 otor 2 | Larry Edward Tho Jennifer Lee Thon | | | | _ | Case number | (if known) | |
|-----|-------------------------|---|--|-------------------------------|---|--|---|-----------------------------|---|
| Par | . 2. | Tall the Court About) | Your Ponkru | ntov Co | | | | | |
| 7. | | Tell the Court About \ chapter of the | | | orief description of each, see A | lotice Required | d by 11 U.S.C. § 3 | 42(b) for Individuals Filir | ng for Bankruptcy |
| | Bank | ruptcy Code you are sing to file under | | | go to the top of page 1 and ch | | | • | , , |
| | CHOC | ising to me under | Chapter | 7 | | | | | |
| | | | ☐ Chapter | 11 | | | | | |
| | | | ☐ Chapter | 12 | | | | | |
| | | | ☐ Chapter | 13 | | | | | |
| 8. | How | you will pay the fee | e ☐ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's checorder. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card of a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individu | | | | | | er's check, or money it card or check with |
| | | | ☐ I request but is applied | est that not reques to you | be in Installments (Official Form at my fee be waived (You may juired to, waive your fee, and n ur family size and you are unal on to Have the Chapter 7 Filing | request this of nay do so only in the fe | if your income is le ee in installments) | ess than 150% of the off | ficial poverty line that on, you must fill out |
| 9. | | you filed for cruptcy within the | ■ No. | | | | | | |
| | | B years? | ☐ Yes. | | | | | | |
| | | | 1 | District | | When | | Case number | |
| | | | 1 | District | | When | | Case number | |
| | | | I | District | | When | | Case number | |
| 10. | Are a | any bankruptcy s pending or being | ■ No | | | | | | |
| | filed not fi you, | by a spouse who is iling this case with or by a business ner, or by an | ☐ Yes. | | | | | | |
| | | | 1 | Debtor | | | I | Relationship to you | |
| | | | | District | | When | | Case number, if known | |
| | | | | Debtor | | | | Relationship to you | |
| | | | | District | | When | | Case number, if known | |
| 11. | | ou rent your lence? | □ No. | Go to I | ine 12. | | | | |
| | . 55.0 | | Yes. | Has yo | our landlord obtained an eviction | n judgment ag | ainst you? | | |
| | | | | | No. Go to line 12. | | | | |
| | | | | | Yes. Fill out <i>Initial Statement</i> bankruptcy petition. | About an Evict | tion Judgment Aga | ainst You (Form 101A) a | nd file it with this |

| | tor 1 Larry Edward Tho tor 2 Jennifer Lee Thor | | Jr. Case number (if known) | | | |
|------|---|--------------------|---|--|--|--|
| Part | 3. Penort About Any Ru | ıcinaccac | You Own as a Sole Proprietor | | | |
| | | 1511162262 | Tou Own as a Sole Proprietor | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | | | |
| | A calla managistambin in a | ☐ Yes. | Name and location of business | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, State & ZIP Code | | | |
| | it to this petition. | | Check the appropriate box to describe your business: | | | |
| | • | | Health Care Business (as defined in 11 U.S.C. § 101(27A)) | | | |
| | | | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) | | | |
| | | | Stockbroker (as defined in 11 U.S.C. § 101(53A)) | | | |
| | | | Commodity Broker (as defined in 11 U.S.C. § 101(6)) | | | |
| | | | □ None of the above | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline operation | e filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate s. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of as, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure s.C. 1116(1)(B). | | | |
| | For a definition of small | No. | I am not filing under Chapter 11. | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankrupto Code. | | | |
| | | ☐ Yes. | I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | |
| Part | 4: Report if You Own or | · Have Any | r Hazardous Property or Any Property That Needs Immediate Attention | | | |
| 14. | Do you own or have any | ■ No. | | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is the hazard? | | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | | | |
| | · | | Number, Street, City, State & Zip Code | | | |
| | | | | | | |

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Official Form 101

| | tor 1 Larry Edward Tho tor 2 Jennifer Lee Thon | | Jr. | | Case number (if known) | | | |
|-----|--|--------------------|---|---|---|---|--|--|
| Par | 6: Answer These Questi | ions for R | eporting Purposes | | | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred individual primarily for a personal, family, or household purpose." | | | | | |
| | | | ☐ No. Go to line 16b. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | 16b. | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | |
| | | 16c. | State the type of debts you o | we that are not consu | mer debts or busines | s debts | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter | 7. Go to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | I am filing under Chapter 7. I are paid that funds will be av | Do you estimate that a ailable to distribute to | fter any exempt propounce of the secured creditors? | erty is excluded and administrative expenses | | |
| | administrative expenses are paid that funds will | | ■ No | | | | | |
| | be available for distribution to unsecured creditors? | | ☐ Yes | | | | | |
| 18. | How many Creditors do you estimate that you owe? | 1 -49 | | 1 ,000-5,000 |) | 25,001-50,000 | | |
| | | □ 50-99 | | 5001-10,00 | | ☐ 50,001-100,000 | | |
| | | ☐ 100-1 ☐ 200-9 | | ☐ 10,001-25,0 | 000 | ☐ More than100,000 | | |
| 19. | How much do you | \$ 0 - \$ | 650.000 | □ \$1,000,001 | - \$10 million | ☐ \$500,000,001 - \$1 billion | | |
| | estimate your assets to be worth? | □ \$50,0 | 001 - \$100,000 | \$10,000,00 | | □ \$1,000,000,001 - \$10 billion | | |
| | | | ,001 - \$500,000 | | 1 - \$100 million 01 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| | | □ \$500, | ,001 - \$1 million | — \$100,000,00 | 01 - \$300 Hillion | More than 450 billion | | |
| 20. | How much do you | □ \$0 - \$ | | □ \$1,000,001 | | □ \$500,000,001 - \$1 billion | | |
| | estimate your liabilities to be? | | 001 - \$100,000 | □ \$10,000,00° | 1 - \$50 million 1 - \$100 million | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion | | |
| | | | ,001 - \$500,000 ,001 - \$1 million | | 01 - \$500 million | ☐ \$10,000,0001 - \$50 billion ☐ More than \$50 billion | | |
| Par | t7: Sign Below | | | | | | | |
| For | you | I have ex | xamined this petition, and I dec | clare under penalty of | perjury that the inforn | nation provided is true and correct. | | |
| | | | | | | under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7. | | |
| | | | attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this ument, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | |
| | | I request | t relief in accordance with the c | chapter of title 11, Unit | ed States Code, spec | cified in this petition. | | |
| | | | tcy case can result in fines up t | | onment for up to 20 y | r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, | | |
| | | | y Edward Thompson, Jr. | | /s/ Jennifer Lee Jennifer Lee The | | | |
| | | | dward Thompson, Jr. e of Debtor 1 | | Signature of Debtor | | | |
| | | | | | | | | |

Official Form 101

Executed on November 1, 2019

MM / DD / YYYY

Executed on November 1, 2019

MM / DD / YYYY

| Debtor 1 Debtor 2 | Larry Edward Tho Jennifer Lee Tho | • • | Case number (if known) | | | | |
|----------------------|--|---|------------------------|------------------|-------|--|--|
| • | attorney, if you are | I, the attorney for the debtor(s) named in this petition, | | () | 0 , 1 | | |
| epresent | ed by one | under Chapter 7, 11, 12, or 13 of title 11, United State for which the person is eligible. I also certify that I ha | , | • | | | |
| • | not represented by ey, you do not need page. | and, in a case in which § 707(b)(4)(D) applies, certify schedules filed with the petition is incorrect. | | | | | |
| | . • | /s/ Jennifer Donahue | Date | November 1, 2019 | | | |
| | | Signature of Attorney for Debtor | | MM / DD / YYYY | | | |
| | | Jennifer Donahue 0095827 Printed name | | | | | |
| | | Rauser & Associates Legal Clinic, LLP | | | | | |
| | | Firm name | | | | | |
| | | 401 W. Tuscarawas St. #400 Canton, OH 44702 | | | | | |

Email address

Number, Street, City, State & ZIP Code

Contact phone **330-456-6505**

0095827 OHBar number & State

Official Form 101

jdonahue@ohiolegalclinic.com

| Fill | in this information to identify your case: | | | |
|---------------|--|--------|---------------------|---------------------------|
| | tor 1 Larry Edward Thompson, Jr. | | | |
| DCD | First Name Middle Name Last Name | | | |
| | tor 2 Jennifer Lee Thompson First Name Middle Name Last Name | | | |
| `' | 3 , | | | |
| Unit | ed States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO | | | |
| Cas | e number | _ (| N l | Culata ta la la |
| (II KIII | INVITED TO THE PROPERTY OF THE | _ | neck II amende | f this is an ed filing |
| Oti | ficial Form 106Sum | | | |
| | mmary of Your Assets and Liabilities and Certain Statistical Information | | 15 | 2/15 |
| Be a infor | s complete and accurate as possible. If two married people are filing together, both are equally responsible for mation. Fill out all of your schedules first; then complete the information on this form. If you are filing amendo original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | plying | correct |
| | | | our ass | sets what you own |
| | 0 1 1 1 A/D D 1 (0///:15 100A/D) | VC | iluc oi | what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | | 14,905.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | | 14,905.00 |
| Part | 2: Summarize Your Liabilities | | | |
| | | | our liab mount y | oilities vou owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | | 7,000.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | | 2,700.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | \$ | | 99,316.76 |
| | | | | • |
| | Your total liabilities | \$ | | 109,016.76 |
| Part | 3: Summarize Your Income and Expenses | | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | · | 4,520.73 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | | 4,411.48 |
| Part | 4: Answer These Questions for Administrative and Statistical Records | | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur oth | er sche | dules. |
| 7. | ■ Yes What kind of debt do you have? | | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for bousehold purpose." 11 U.S.C. & 101(8). Fill out lines 8.0g for statistical purposes. 28 U.S.C. & 150 | a pers | sonal, fa | amily, or |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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Best Case Bankruptcy

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

6,817.26

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total o | laim |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 2,700.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 48,559.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 51,259.00 |

| Fill in this infor | mation to identify your | case and this filing: | | | |
|--|---|--|---|--|---|
| Debtor 1 | Larry Edward Th | | | | |
| 2 00101 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | Jennifer Lee Tho | | LeatNesse | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT O | F OHIO | | |
| Case number | | | | | Check if this is an amended filing |
| | orm 106A/B le A/B: Prop | nerty | | | 12/15 |
| In each category, think it fits best. I information. If mo Answer every que | separately list and describ Be as complete and accur re space is needed, attach stion. | pe items. List an asset only on ate as possible. If two married a separate sheet to this form. | ce. If an asset fits in more than a people are filing together, both a control on the top of any additional page. | are equally responsible for su | the category where you applying correct |
| | | | uilding, land, or similar property? | , | |
| ■ No. Go to Pa | urt 2 | | | | |
| Yes. Where | | | | | |
| | | | | | |
| Do you own, lea someone else dr | ives. If you lease a vehic | le, also report it on Schedule | cles, whether they are regist e G: Executory Contracts and l | | ehicles you own that |
| _ | rucks, tractors, sport u | tility vehicles, motorcycles | | | |
| □ No ■ | | | | | |
| Yes | | | | | |
| 3.1 Make: | Chevrolet | Who has an interes | st in the property? Check one | Do not deduct secured cl | aims or exemptions. Put |
| Model: | Avalanch | Debtor 1 only | it in the property: Check one | the amount of any secure Creditors Who Have Clair | |
| - | 2004 | Debtor 2 only | | Current value of the | Current value of the |
| Approxima | te mileage: 183 | ,000 Debtor 1 and De | btor 2 only | entire property? | portion you own? |
| Other infor | | | ne debtors and another | | |
| | n: 190 Faircrest St. S OH 44706 | · I | community property | \$2,395.00 | \$2,395.00 |
| Neeeds | repairs | | | | |
| 3.2 Make: | Saturn | Who has an interes | st in the property? Check one | Do not deduct secured cl | aims or exemptions. Put |
| Model: | Outlook | Debtor 1 only | or in the property? Check one | the amount of any secure Creditors Who Have Clair | |
| Year: | 2009 | Debtor 2 only | | | , , , |
| | | ,000 Debtor 1 and De | btor 2 only | Current value of the entire property? | Current value of the portion you own? |
| Other infor | | | ne debtors and another | · · · · · · · · · · · · · · · · · · · | |
| | n: 190 Faircrest St. S OH 44706 | W, ☐ Check if this is | community property | \$1,930.00 | \$1,930.00 |
| Needs w | vork | (see instructions) | | | |

| | | Larry Edward Jennifer Lee 1 | inompson, Jr. hompson | | Case number (if known) | |
|-------|---|--|---|---|-------------------------------|---|
| 3.3 | Make: | Ford | | Who has an interest in the property? Check one | | red claims or exemptions. Put |
| | Model: | Edge | | ☐ Debtor 1 only | | ecured claims on Schedule D: e Claims Secured by Property. |
| | Year: | 2008 | | Debtor 2 only | Current value of th | e Current value of the |
| | Approx | kimate mileage: | 130,000 | ■ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other i | nformation: | | ☐ At least one of the debtors and another | | |
| | 1 | tion: 190 Fairc on OH 44706 | rest St. SW, | ☐ Check if this is community property (see instructions) | \$2,000. | \$2,000.00 |
| 5 A p | No Yes Add the coages you 3: Description | dollar value of th u have attached ribe Your Persona | ne portion you owi I for Part 2. Write t al and Household Ite Jal or equitable int | n for all of your entries from Part 2, including hat number here | g any entries for | \$6,325.00 Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 7. E | lectronic | :s | | ds and Furnishings, Debtor's Possession | | \$1,500.00 |
| |] No | | | eo, stereo, and digital equipment; computers, pr edia players, games | inters, scanners; music co | llections; electronic devices |
| | | | Speakers, Telev | ision, computer, and cell phones | | \$550.00 |
| E | Examples ■ No | | gurines; paintings, p s, memorabilia, col | orints, or other artwork; books, pictures, or othe lectibles | r art objects; stamp, coin, o | or baseball card collections; |
| E | Examples ■ No | nt for sports and :: Sports, photogr musical instrum describe | aphic, exercise, and | d other hobby equipment; bicycles, pool tables, | golf clubs, skis; canoes a | nd kayaks; carpentry tools; |
| | No . | | shotguns, ammunit | ion, and related equipment | | |
| _ | Clothes Example | es: Everyday cloth | nes, furs, leather co | pats, designer wear, shoes, accessories | | |
| | ial Form | 106A/B | | Schedule A/B: Property | | page 2 |

19-62216-rk Doc 1 FILED 11/01/19 ENTERED 11/01/19 13:34:54 Page 11 of 74

Best Case Bankruptcy

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| Debtor 1 Debtor 2 | Jennifer Lee | | | | Case number (if known) | |
|----------------------|---|------------|---|--|--------------------------------|---|
| ■ Yes | . Describe | | | | | |
| | | Clothi | ng | | | \$500.00 |
| ☐ No | | welry, cos | stume jewelry, enga | agement rings, wedding rings, heirloom | jewelry, watches, gems, gol | d, silver |
| | | Engag | gement ring, wed | dding rings, and misc. jewelry, | | \$1,500.00 |
| Exam □ No | arm animals uples: Dogs, cats, Describe | birds, hor | rses | | | |
| | | (1) cat | i | | | \$0.00 |
| ■ No | ther personal ar | | | I not already list, including any healt | h aids you did not list | |
| | | | | Part 3, including any entries for page | es you have attached | \$4,050.00 |
| | escribe Your Finar wn or have any | | | n any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No | | | - | ome, in a safe deposit box, and on han | nd when you file your petition | |
| 7. Depos | sits of money oples: Checking, s | savings, o | r other financial acc | counts; certificates of deposit; shares in s with the same institution, list each. | credit unions, brokerage ho | uses, and other similar |
| □ No ■ Vos | | | | Institution name: | | |
| - 103. | | | | Huntington Nat'l Bank *31 | 80 | |
| | | 17.1. | Checking | negative balance | | \$0.00 |
| | | 17.2. | Savings | Huntington Bank | | \$30.00 |
| Exam | | | cly traded stocks ent accounts with br | rokerage firms, money market accounts | 5 | |
| ■ No □ Yes. | | | Institution or issuer | name: | | |
| joint • | venture | | | oorated and unincorporated busines | ses, including an interest i | n an LLC, partnership, and |
| | . Give specific in m 106A/B | formation | about them | Schedule A/B: Property | | page 3 |
| וווכ וווכוווכ דוווכ | 111 1007/10 | | | Juliedale A/D. Flupelly | | page, |

19-62216-rk Doc 1 FILED 11/01/19 ENTERED 11/01/19 13:34:54 Page 12 of 74

Best Case Bankruptcy

Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com

| Debtor 1 Debtor 2 | Larry Edward Thompso Jennifer Lee Thompson | | Ca | ase number (if known) | |
|-----------------------------|---|--|------------------------------|-----------------------------|---|
| | Name o | f entity: | 9 | % of ownership: | |
| Nego Non-i ■ No | <i>ptiable instruments</i> include perso | and other negotiable and non- onal checks, cashiers' checks, pre e you cannot transfer to someon | omissory notes, and mone | | |
| | Issuer n | ame: | | | |
| Exam ■ No | ement or pension accounts inples: Interests in IRA, ERISA, k s. List each account separately. Type of ac | Keogh, 401(k), 403(b), thrift savir | | sion or profit-sharing plar | ns |
| Your <i>Exam</i> ■ No | nples: Agreements with landlord | u have made so that you may co s, prepaid rent, public utilities (el | ectric, gas, water), telecor | | or others |
| ☐ Yes | i | Institution | name or individual: | | |
| ■ No | | ayment of money to you, either f | or life or for a number of y | ears) | |
| ☐ Yes | lssuer name an | d description. | | | |
| 26 U.S ■ No | S.C. §§ 530(b)(1), 529A(b), and | account in a qualified ABLE p 529(b)(1). and description. Separately file | | | m. |
| 25. Trusts | s, equitable or future interests | s in property (other than anyth | · | - ',' | sable for your benefit |
| | s. Give specific information abou | | | | |
| Exam ■ No | nples: Internet domain names, w | ade secrets, and other intellec rebsites, proceeds from royalties | | 3 | |
| ⊔ Yes | s. Give specific information abou | ut them | | | |
| | ses, franchises, and other gen nples: Building permits, exclusive | neral intangibles e licenses, cooperative associati | on holdings, liquor license | s, professional licenses | |
| | s. Give specific information abou | ut them | | | |
| Money or | r property owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ☐ No | efunds owed to you s. Give specific information abou | t them, including whether you all | ready filed the returns and | the tax years | |
| | | Anticipated 2019 tax re tax refund | fund based on 2018 | Federal | \$2,000.00 |
| Exam ■ No | y support nples: Past due or lump sum alir | nony, spousal support, child sup | port, maintenance, divorce | e settlement, property set | tlement |

| | ebtor 1 ebtor 2 | Larry Edward Thompson, Jr. Jennifer Lee Thompson Case numb | eer (if known) |
|-----|-----------------------|---|--|
| | Examp | amounts someone owes you bles: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, wor benefits; unpaid loans you made to someone else | kers' compensation, Social Security |
| | ⊔ Yes. | Give specific information | |
| 31. | | ts in insurance policies bles: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or rer | nter's insurance |
| | | Name the insurance company of each policy and list its value. Company name: Beneficiary: | Surrender or refund value: |
| 32. | If you a | terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entire has died. | ntitled to receive property because |
| | ■ No □ Yes. | Give specific information | |
| 33. | | against third parties, whether or not you have filed a lawsuit or made a demand for payme oles: Accidents, employment disputes, insurance claims, or rights to sue | nt |
| | _ | Describe each claim | |
| 34. | Other c | contingent and unliquidated claims of every nature, including counterclaims of the debtor a | and rights to set off claims |
| | _ | Describe each claim | |
| 35. | Any fina ■ No | ancial assets you did not already list | |
| | ☐ Yes. | Give specific information | |
| 36 | | he dollar value of all of your entries from Part 4, including any entries for pages you have a art 4. Write that number here | ttached \$2,030.00 |
| Pa | rt 5: Des | scribe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. | |
| 37. | | own or have any legal or equitable interest in any business-related property? | |
| | _ | So to line 38. | |
| | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38 | Accoun | nts receivable or commissions you already earned | dame of oxompaono. |
| 00. | ■ No | Describe | |
| | Examp ■ No | equipment, furnishings, and supplies bles: Business-related computers, software, modems, printers, copiers, fax machines, rugs, teleph Describe | ones, desks, chairs, electronic devices |
| 40. | Machin □ No | nery, fixtures, equipment, supplies you use in business, and tools of your trade | |
| | Yes. | Describe | |

| Debtor 1 Debtor 2 Larry Edward Thompson, Jr. Jennifer Lee Thompson | Case number (if known) | |
|--|--------------------------------------|------------|
| Pull-along trailer | | \$2,500.00 |
| 41. Inventory | | |
| ■ No □ Yes. Describe | | |
| La res. Describe | | |
| 42. Interests in partnerships or joint ventures ■ No | | |
| ☐ Yes. Give specific information about them | % of ownership: | |
| 43. Customer lists, mailing lists, or other compilations ■ No. | | |
| ☐ Do your lists include personally identifiable information (as defined in 11 to | J.S.C. § 101(41A))? | |
| ■ No □ Yes. Describe | | |
| 44. Any business-related property you did not already list ■ No □ Yes. Give specific information | | |
| 45. Add the dollar value of all of your entries from Part 5, including for Part 5. Write that number here | | \$2,500.00 |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You On If you own or have an interest in farmland, list it in Part 1. | wn or Have an Interest In. | |
| 46. Do you own or have any legal or equitable interest in any farm- or | commercial fishing-related property? | |
| No. Go to Part 7. | | |
| Yes. Go to line 47. | | |
| Part 7: Describe All Property You Own or Have an Interest in That You D | id Not List Above | |
| 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership | | |
| ■ No □ Yes. Give specific information | | |
| 54. Add the dollar value of all of your entries from Part 7. Write that | number here | \$0.00 |
| , | | |

Larry Edward Thompson, Jr. Debtor 1 Debtor 2 Jennifer Lee Thompson

Case number (if known)

| Part | 8: List the Totals of Each Part of this Form | | | |
|------|--|-------------|------------------------------|-------------|
| 55. | Part 1: Total real estate, line 2 | | | \$0.00 |
| 56. | Part 2: Total vehicles, line 5 | \$6,325.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$4,050.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$2,030.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$2,500.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$14,905.00 | Copy personal property total | \$14,905.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$14,905.00 |

Official Form 106A/B Schedule A/B: Property page 7 Best Case Bankruptcy

| Fill in this information to identify your case: | | | | | | |
|---|------------------------|-------------------|-----------|--|--------------------------------------|--|
| Debtor 1 | Larry Edward The | ompson, Jr. | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Jennifer Lee Tho | mpson | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Ban | kruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing | |
| | | | | | amended illing | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| | tachtary the reporty rea claim as Exempt | | | | |
|----|---|--------------------------------------|-------|---|---|
| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | |
| | ■ You are claiming state and federal nonbank | kruptcy exemptions. 1 | 1 U.S | .C. § 522(b)(3) | |
| | ☐ You are claiming federal exemptions. 11 U | J.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | mpt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | Household Goods and Furnishings, Debtor's Possession | \$1,500.00 | | \$1,500.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) |
| | Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | 2323.00(A)(4)(a) |
| | | | | | |

| Ellie Holli Gohladdie 772. | | | any applicable statutory limit | | |
|---|------------|--|---|---|--|
| Speakers, Television, computer, and cell phones | \$550.00 | | \$550.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) | |
| Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Clothing Line from Schedule A/B: 11.1 | \$500.00 | | \$500.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) | |
| Ellic Holli Genedale A.B. TTT | | | 100% of fair market value, up to any applicable statutory limit | -0-0.00ξ (-1,ξ(+),ξ(α) | |
| Engagement ring, wedding rings, and misc. jewelry, | \$1,500.00 | | \$1,500.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(b) | |
| Line from Schedule A/B: 12.1 | | | 100% of fair market value, up to any applicable statutory limit | 2029.00(A)(4)(D) | |
| Savings: Huntington Bank Line from Schedule A/B: 17.2 | \$30.00 | | \$30.00 | Ohio Rev. Code Ann. § 2329.66(A)(3) | |
| Line nom Schedule Arb. 11.2 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(A)(0) | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

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Best Case Bankruptcy

| | otor 1 otor 2 | Larry Edward Thompson, Jr. Jennifer Lee Thompson | | | Case number (if known) | |
|----|------------------|--|--------------------------------------|---------|---|---|
| | | description of the property and line on dule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | | eral: Anticipated 2019 tax refund | \$2,000.00 | | \$2,000.00 | Ohio Rev. Code Ann. § 2329.66(A)(18) |
| | | from Schedule A/B: 28.1 | | | 100% of fair market value, up to any applicable statutory limit | 2329.00(A)(10) |
| | | -along trailer from Schedule A/B: 40.1 | \$2,500.00 | | \$2,500.00 | Ohio Rev. Code Ann. § 2329.66(A)(5) |
| | LINE | nom <i>Schedule A/B</i> . 40.1 | | | 100% of fair market value, up to any applicable statutory limit | 2323.00(A)(3) |
| 3. | (Sub | ou claiming a homestead exemption of the company of | | | ed on or after the date of adjustmen | t.) |
| | _ | Yes. Did you acquire the property covere ☐ No | d by the exemption wi | thin 1, | 215 days before you filed this case? | |

Official Form 106C

☐ Yes

Schedule C: The Property You Claim as Exempt

| Fill in this in | formation to identify you | ır case: | | | | | | |
|------------------------|-----------------------------------|--|-----------|--|---------------------|-------|-------------------|--------|
| Debtor 1 | Larry Edward T | hompson, Jr. | | | | | | |
| | First Name | Middle Name Last Nan | ne | | - | | | |
| Debtor 2 | Jennifer Lee Th | ompson | | | | | | |
| (Spouse if, filing) | First Name | Middle Name Last Nan | ne | | | | | |
| United States | Bankruptcy Court for the | NORTHERN DISTRICT OF OHIO | | | _ | | | |
| Case number | | | | | | | | |
| (if known) | | | | | | Check | if this is a | 'n |
| | | | | | | amend | ed filing | |
| 000 1 1 5 | 4005 | | | | | | | |
| Official Fo | | | | | | | | |
| Schedu | le D: Creditors | Who Have Claims Secu | red l | by Propert | У | | • | 12/15 |
| | | If two married people are filing together, both a out, number the entries, and attach it to this for | | | | | | |
| number (if know | wn). | | | | | | | |
| 1. Do any credi | tors have claims secured by | y your property? | | | | | | |
| ☐ No. Ch | neck this box and submit t | his form to the court with your other schedule | es. You | have nothing else t | to report on this | form. | | |
| Yes. F | ill in all of the information | below. | | | | | | |
| Part 1: Lis | st All Secured Claims | | | | | | | |
| | | more than one secured claim, list the creditor sepa | ratoly | Column A | Column B | | Column | С |
| for each claim. | If more than one creditor has | s a particular claim, list the other creditors in Part 2 | | Amount of claim | Value of colla | | Unsecu | red |
| much as possib | ole, list the claims in alphabeti | cal order according to the creditor's name. | | Do not deduct the value of collateral. | that supports claim | this | portion If any | |
| 2.1 Superi | or Used Cars | Describe the property that secures the claim: | | \$2,000.00 | \$2,00 | 00.00 | папу | \$0.00 |
| Creditor's | | 2008 Ford Edge 130,000 miles | | | | | | |
| | | Location: 190 Faircrest St. SW, | | | | | | |
| 1735 F | ront St | Canton OH 44706 | | | | | | |
| Cuyah | oga Falls, OH | As of the date you file, the claim is: Check all the apply. | at | | | | | |
| 44221 | • | ☐ Contingent | | | | | | |
| Number, S | Street, City, State & Zip Code | ☐ Unliquidated | | | | | | |
| | | ☐ Disputed | | | | | | |
| Who owes the | e debt? Check one. | Nature of lien. Check all that apply. | | | | | | |
| Debtor 1 on | ly | An agreement you made (such as mortgage | or secure | ed | | | | |
| Debtor 2 on | ly | car loan) | | | | | | |
| Debtor 1 an | d Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lie | en) | | | | | |
| ☐ At least one | of the debtors and another | ☐ Judgment lien from a lawsuit | | | | | | |
| ☐ Check if th communit | is claim relates to a y debt | Other (including a right to offset) | | | | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

Last 4 digits of account number

page 1 of 2

Date debt was incurred March 2018

| Debtor 1 Larry Edward Thompso | , - | Case number (_{if known}) | | | | | |
|---|--|-------------------------------------|------------|----------|--|--|--|
| | | | | | | | |
| Debtor 2 Jennifer Lee Thompson First Name Middle N | | | | | | | |
| i list ivalile iviidule iv | anie Last Name | ecured \$2,500.00 \$2,395.00 | | | | | |
| Tebo Financial Services, Inc | Middle Name Last Name Last Name \$2,500.00 \$1,930.00 \$5 Reds work As of the date you file, the claim is: Check all that apply. Location: 190 Faircrest St. SW, Last Last Other (including a right to offset) Last A agreement you made (such as mortgage or secured car loan) Cher (including a right to offset) Last 4 digits of account number Location: 190 Faircrest St. SW, Canton OH 44706 Needs repairs As of the date you file, the claim is: Check all that apply. Reds I have apply a contingent len from a lawsuit on the date you file, the claim is: Check all that apply. Red Contingent Last A digits of account number Location: 190 Faircrest St. SW, Canton OH 44706 Needs repairs As of the date you file, the claim is: Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Josphied Inn. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Judgment An apple with that number here: Z019 | \$570.00 | | | | | |
| Creditor's Name | Location: 190 Faircrest St. SW, | | | | | | |
| 4740 Belpar St NW Unit A | As of the date you file, the claim is: Check all that | | | | | | |
| Canton, OH 44718 | <u></u> · | | | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | | | |
| | ☐ Disputed | | | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | | | |
| ☐ Debtor 1 only | ■ An agreement you made (such as mortgage or see | cured | | | | | |
| Debtor 2 only | car loan) | | | | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | | | | |
| Date debt was incurred Nov 2018 Tebo Financial Services, | Last 4 digits of account number | | | | | | |
| 2.3 Inc. | Describe the property that secures the claim: | \$2,500.00 | \$2,395.00 | \$105.00 | | | |
| Creditor's Name | miles Location: 190 Faircrest St. SW, | | | | | | |
| | Noode rapaire | | | | | | |
| 4740 Belpar St. NW | | | | | | | |
| Unit A Canton, OH 44718 | apply. | | | | | | |
| | | | | | | | |
| Number, Street, City, State & Zip Code | | | | | | | |
| Who owes the debt? Check one. | • | | | | | | |
| ■ Debtor 1 only | ■ An agreement you made (such as mortgage or see | cured | | | | | |
| Debtor 2 only | , , | | | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | | | | |
| Date debt was incurred Jan 2019 | Last 4 digits of account number | | | | | | |
| | | | | | | | |
| | • • | | _ | | | | |
| Write that number here: | the donar value totals from all pages. | \$7,000.00 |) | | | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

| | | | | | | I | |
|---|---|--|---|-------------------------|--|---|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | | | | |
| Debtor 1 | Larry Edward Tho | ompson, Jr. Middle Name | Last Name | | | | |
| Debtor 2 | Jennifer Lee Thor | | Last Name | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | | | |
| | | | | | | | |
| Case number (if known) | | | | | | | t if this is an ded filing |
| Official Forr | | ho Have Unseci | ırad Claims | | | | 12/15 |
| | | no mave unsect | | Dart 2 fo | or creditors with NON | JPRIORITY claims. I | |
| Schedule G: Exect Schedule D: Credi- left. Attach the Co- name and case nu | utory Contracts and Unexp tors Who Have Claims Sec ntinuation Page to this pag | that could result in a claim ired Leases (Official Form 1 ured by Property. If more spee. If you have no information secured Claims | 106G). Do not include pace is needed, copy | e any cre / the Part | ditors with partially a you need, fill it out, | secured claims that a number the entries i | are listed in in the boxes on the |
| 1. Do any credit | ors have priority unsecure | d claims against you? | | | | | |
| ☐ No. Go to I | Part 2. | | | | | | |
| Yes. | | | | | | | |
| identify what ty possible, list the Part 1. If more | /pe of claim it is. If a claim ha ne claims in alphabetical orde than one creditor holds a pa | s. If a creditor has more than s both priority and nonpriority or according to the creditor's r rticular claim, list the other cr ee the instructions for this for | amounts, list that cla name. If you have mor editors in Part 3. | im here a re than tw | nd show both priority | and nonpriority amour | nts. As much as |
| | | | | | Total Claim | amount | amount |
| | I Revenue Service reditor's Name | Last 4 digits o | f account number _ | | \$2,700.00 | \$2,700.00 | \$0.0 |
| · | | When was the | debt incurred? | 2016 | | _ | |
| | Street City State Zip Code | As of the date | you file, the claim is | · Check a | ill that apply | | |
| | ed the debt? Check one. | ☐ Contingent | you me, me claim is | . Officer c | ιιι τι ατ αρριγ | | |
| Debtor 1 | only | ☐ Unliquidated | 4 | | | | |
| Debtor 2 | only | _ ` | 1 | | | | |
| _ | and Debtor 2 only | ☐ Disputed | ITY unsecured clain | n· | | | |
| — Debior 1 | • | 7,1 | ipport obligations | | | | |
| _ | ne of the debtors and anothe | • | - | | | | |
| | this claim is for a commur | | certain other debts you eath or personal injury | | | | |
| No | subject to offset? | | | y writte yo | u were intoxicated | | |
| ☐ Yes | | Other. Spec | IRS | | | | - |
| | | | | | | | |
| | u (V NONDDIODIT | | | | | | |
| | III of Your NONPRIORIT | | | | | | |
| _ ′ | ors have nonpriority unsec | , | | | | | |
| _ | ave nothing to report in this p | art. Submit this form to the co | urt with your other sch | hedules. | | | |
| Yes. | | | | | | | |
| unsecured cla | im, list the creditor separately | aims in the alphabetical ord for each claim. For each cla st the other creditors in Part (| im listed, identify what | t type of c | laim it is. Do not list cl | aims already included | I in Part 1. If more |

Total claim

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 14

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39638

| | 1 Larry Edward Thompson, Jr. 2 Jennifer Lee Thompson | | Case number (if known) | |
|-----|--|---|---|------------|
| 4.1 | Ability Recovery Services | Last 4 digits of account number | XXXX | \$556.00 |
| | Nonpriority Creditor's Name P.O. Box 4031 Wyoming, PA 18644 | When was the debt incurred? | 3/11/2019 | · |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Collection | | |
| | Amsher Collections Nonpriority Creditor's Name | Last 4 digits of account number | 87xx | \$558.00 |
| | 4524 Southlake Pkwy STE 15 | When was the debt incurred? | 8/6/2019 | |
| | Hoover, AL 35244 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Collection | | |
| | Aultman Hospital Nonpriority Creditor's Name | Last 4 digits of account number | 5271 | \$3,169.85 |
| | P.O. Box 80868 Canton, OH 44708 | When was the debt incurred? | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharir | ng plans, and other similar debts | |
| | □ Yes | Other Specify Civil Suit | | |
| | | - Other. Opeony | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 14

| | or 1 Larry Edward Thompson, Jr. Jennifer Lee Thompson | c | Case number (if known) | | |
|-----|---|--|---|------------|--|
| 4.4 | Buckeye Financial | Last 4 digits of account number | 3403 | \$4,463.00 | |
| | Nonpriority Creditor's Name 1928 W State St Alliance, OH 44601 | When was the debt incurred? | 2/25/2014 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is | : Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated☐ Disputed | | | |
| | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ | report as priority claims | ation agreement or divorce that you did not | | |
| | ■ No □ Yes | ☐ Debts to pension or profit-sharing ☐ Other. Specify Auto Volunt | | | |
| 4.5 | CAEP-Dunlap | Last 4 digits of account number | 5278 | \$432.28 | |
| | Nonpriority Creditor's Name P.O. Box 706192 Cincinnati, OH 45270 | When was the debt incurred? | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is | : Check all that apply | | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | ☐ Contingent☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separareport as priority claims | ation agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | plans, and other similar debts | | |
| | Yes | Other. Specify Civil Suit | | | |
| 4.6 | Canton Aultman Emergency Physicians | Last 4 digits of account number | 5284 | \$2,587.21 | |
| | Nonpriority Creditor's Name PO Box 76659 Cleveland, OH 44101 | When was the debt incurred? | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is | : Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | | | | |
| | \square At least one of the debtors and another | <u></u> | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community debt | | ation agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharing | plans, and other similar debts | | |
| | Yes | ■ Other. Specify Civil Suit | . , , , , , , , , , , , , , , , , , , , | | |
| | | | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 3 of 14

| Debtor 2 | 1 Larry Edward Thompson, Jr. 2 Jennifer Lee Thompson | Case number (if known) | | | |
|--|---|---|------------|--|--|
| 4.7 | Canton Aultman Emergency Physicians | Last 4 digits of account number 5277 | \$1,647.84 | | |
| | Nonpriority Creditor's Name PO Box 76659 | When was the debt incurred? | | | |
| | Cleveland, OH 44101 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | As of the date you me, the dam is. Offect an mat apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | Other. Specify Civil Suit | | | |
| 4.8 | Canton Aultman Emergency Physicians Nonpriority Creditor's Name | Last 4 digits of account number 5271 | \$3,169.85 | | |
| | PO Box 76659 Cleveland, OH 44101 | When was the debt incurred? | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | | As of the date you file, the claim is: Check all that apply | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | □ Yes | Other. Specify Civil Suit | | | |
| | Canton Financial | Last 4 digits of account number 0531 | \$991.40 | | |
| | Nonpriority Creditor's Name c/o Pauline Shuler | When was the debt incurred? 2016 | | | |
| | 1603 Market Ave N | when was the debt incurred: | | | |
| | Canton, OH 44714 | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Complaint for Money | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 4 of 14

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| Capital One Bank | Last 4 digits of account number | 05xx | \$672.00 |
|--|---|---|------------|
| Nonpriority Creditor's Name PO Box 30285 | When was the debt incurred? | 5/25/2016 | |
| Salt Lake City, UT 84130 Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. ☐ Debtor 1 only | ☐ Contingent | | |
| ■ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | A. A. S. | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharin | o plans, and other similar debts | |
| ☐ Yes | Other Specify Credit Card | | |
| Capital One Bank USA | Last 4 digits of account number | 5xxx | \$267.00 |
| Nonpriority Creditor's Name P.O. Box 30281 | When was the debt incurred? | 7/7/2015 | |
| Salt Lake City, UT 84130 Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | og plans, and other similar debts | |
| Yes | Other. Specify Credit Card | | |
| | | Multiple | |
| Centralized Business Solutions Nonpriority Creditor's Name | Last 4 digits of account number | Accounts | \$3,268.00 |
| 1225 N. Main Street North Canton, OH 44720 | When was the debt incurred? | | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. ☐ Debtor 1 only | П. | | |
| Debtor 2 only | ☐ Contingent | | |
| _ | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim. | |
| At least one of the debtors and another | Student loans | u Giunii. | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Collection | J. , | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 5 of 14

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| Comenity Bank | Last 4 digits of account number | 0xxx | \$192.0 |
|---|--|---|-------------|
| Nonpriority Creditor's Name P.O. Box 182789 Columbus, OH 43218 | When was the debt incurred? | 5/12/2016 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans ☐ Obligations arising out of a sense | aration agreement or divorce that you did not | |
| s the claim subject to offset? | report as priority claims | tration agreement of divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify Credit Card | <u> </u> | |
| Diamond Resorts | Last 4 digits of account number | xxxx | \$10,605.00 |
| Nonpriority Creditor's Name 3415 Southpark Circle STE 150 | When was the debt incurred? | 8/31/2013 | |
| Orlando, FL 32819 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| lebt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐Yes | Other. Specify Foreclosed | Time Share | |
| Erie Insurance Company | Last 4 digits of account number | 0997 | \$6,128.61 |
| Nonpriority Creditor's Name P.O. Box 9031 | When was the debt incurred? | 2006 | |
| Canton, OH 44711 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt s the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| ⊒ Yes | Other Specify Complaint | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 6 of 14

| 2 Jennifer Lee Thompson | | Case number (if known) | | |
|--|---|--|--------------|--|
| Fidelity Collections | Last 4 digits of account number | Multiple Accounts | \$2,976.00 | |
| Nonpriority Creditor's Name 855 S. Sawburg Ave #103 | When was the debt incurred? | | | |
| Alliance, OH 44601 Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | |
| Who incurred the debt? Check one. | • | | | |
| ☐ Debtor 1 only | ☐ Contingent | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | | |
| Yes | Other. Specify Collection | | | |
| First National Bank | Last 4 digits of account number | 0xxx | \$596.00 | |
| Nonpriority Creditor's Name | | | | |
| 500 E. 60th Street N Sioux Falls, SD 57104-0478 | When was the debt incurred? | 3/29/2018 | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| ☐ Debtor 1 only | ☐ Contingent | | | |
| ■ Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | |
| Yes | Other. Specify Credit Card | <u> </u> | | |
| IC System | Last 4 digits of account number | 83xx | \$537.00 | |
| Nonpriority Creditor's Name | _ | | - | |
| P.O. Box 64378 Saint Paul, MN 55164 | When was the debt incurred? | 4/16/2018 | | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | |
| Who incurred the debt? Check one. | | | | |
| Debtor 1 only | ☐ Contingent | | | |
| ■ Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| Check if this claim is for a community | Student loans | | | |
| debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | |
| Yes | ■ Other. Specify Collection | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 7 of 14

| Larry Edward Thompson, Jr. Jennifer Lee Thompson | Case number (if known) | |
|--|--|------------|
| Jackson Township Board of Trustees | Last 4 digits of account number 5277 | \$1,647.84 |
| Nonpriority Creditor's Name 5735 Wales Ave NW | When was the debt incurred? | |
| Massillon, OH 44646 | - As a full a later of the districts of the later of | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | | |
| Debtor 2 only | Contingent | |
| _ | Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Civil Suit | |
| Kay Jewelers | Look A divite of cooperat anymphor | \$327.00 |
| Nonpriority Creditor's Name | Last 4 digits of account number | Ψ327.00 |
| PO Box 740425 Cincinnati, OH 45274-0425 | When was the debt incurred? | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Complaint for Money | |
| Melissa Bowman | Last 4 digits of account number 0342 | \$324.00 |
| Nonpriority Creditor's Name | Last 4 digits of account number 0342 | Ψ324.00 |
| 162 Victoria NW | When was the debt incurred? 2006 | |
| Canton, OH 44708 | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | • • • | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 8 of 14

| Midland Funding LLC | Last 4 digits of account number | 3852 | \$2,939.86 |
|---|--|---|-------------|
| Nonpriority Creditor's Name c/o Kim Klemenok PO Box 30968 Claveland OH 44420 | When was the debt incurred? | 2015 | |
| Cleveland, OH 44130 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | og plans, and other similar debts | |
| | | | |
| Yes | Other. Specify Complaint | for Money | |
| Nelnet | Last 4 digits of account number | Multiple Accounts | \$48,559.00 |
| Nonpriority Creditor's Name P.O. Box 82561 Lincoln. NE 68501 | When was the debt incurred? | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| □Yes | ☐ Other. Specify | | |
| | Student Lo | ans | |
| Nexus | Last 4 digits of account number | <u>1xxx</u> | \$934.00 |
| Nonpriority Creditor's Name P.O. Box 98875 Las Vegas, NV 89193 | When was the debt incurred? | 8/18/2015 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Collection | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 9 of 14

| | r 1 Larry Edward Thompson, Jr. r 2 Jennifer Lee Thompson | Case number (if known) | | | | |
|----------|--|--|--|----------|--|--|
| 4.2 5 | Patricia Campbell | Last 4 digits of account number | 4171 | \$815.02 | | |
| | Nonpriority Creditor's Name 1632 Cleveland NW Canton, OH 44703 | When was the debt incurred? | 2001 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Complaint | for Money | - | | |
| 4.2 | RBC | Last 4 digits of account number | 0969 | \$420.00 | | |
| | Nonpriority Creditor's Name P.O. Box 1548 Mansfield. OH 44901 | When was the debt incurred? | 4/19/2016 | | | |
| | Number Street City State Zip Code | As of the date you file, the claim i | | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Collection | | - | | |
| 4.2 | Spectrum | Last 4 digits of account number | | \$533.00 | | |
| · | Nonpriority Creditor's Name P.O. Box 932277 | When was the debt incurred? | | | | |
| | Cleveland, OH 44193 Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | - | | |
| | Who incurred the debt? Check one. | , | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt | | ration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | a plane, and other similar debts | | | |
| | ■ No | Debts to pension or profit-sharin | g pians, and other similar debts | | | |
| | Yes | Other. Specify Utility | | - | | |
| | | | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 10 of 14

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| Debtor 1 Larry Edward Thompson, Jr. Debtor 2 Jennifer Lee Thompson | | Case number (if known) |
|---|---------------------------------|---|
| Name and Address Akron Radiology PO Box 75558 Cleveland, OH 44101 | | ou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| • | Last 4 digits of account number | |
| Name and Address Ashworth College 430 Technology Pkwy Norcross, GA 30092 | | ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address AT & T U-verse P.O. Box 5014 Carol Stream, IL 60197 | | ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Banfield Pet Hospital 1816 NE 82nd Avenue Portland, OR 97220 | | ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Boardman Medical Supply 300 N State St Girard, OH 44420 | | ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Canton Aultman Emergency Physicians PO Box 76659 Cleveland, OH 44101 | | ou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Canton Municipal Court 218 Cleveland Ave. SW Canton, OH 44702 | | ou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims 5284 |
| Name and Address Canton Municipal Court 218 Cleveland Ave. SW Canton, OH 44702 | | ou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims 5278 |
| Name and Address Canton Municipal Court 218 Cleveland Ave. SW Canton, OH 44702 | | ou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims 5271 |
| Name and Address Canton Municipal Court 218 Cleveland Ave. SW Canton, OH 44702 | | ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims 5277 |
| Name and Address Canton Municipal Court 218 Cleveland Ave. SW P.O. Box 24218 Canton, OH 44701 | | ou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 11 of 14

Best Case Bankruptcy

| Debtor 1 Larry Edward Thompson, Jr. Debtor 2 Jennifer Lee Thompson | Case number (if known) | |
|--|--|---|
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | |
| Canton Municipal Court 218 Cleveland Ave. SW | Line 4.22 of (Check one): | |
| Canton, OH 44701 | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| | Last 4 digits of account number 3852 | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | |
| Canton Municipal Court 218 Cleveland Ave. SW | Line 4.7 of (Check one): | |
| Canton, OH 44702 | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| · | Last 4 digits of account number 5284 | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | |
| Canton Municipal Court 218 Cleveland Ave. SW | Line 4.8 of (Check one): | |
| Canton, OH 44702 | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| | Last 4 digits of account number 5284 | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | |
| Canton Municipal Court 218 Cleveland Ave. SW | Line 4.25 of (Check one): | |
| Canton, OH 44701 | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| , | Last 4 digits of account number 4171 | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | |
| Canton Municipal Court | Line 4.21 of (Check one): | |
| 218 Cleveland Ave. SW Canton, OH 44701 | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Cunton, CTI 44701 | Last 4 digits of account number 0342 | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | |
| Canton Municipal Court 218 Cleveland Ave. SW | Line 4.15 of (Check one): | |
| Canton, OH 44701 | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| , | Last 4 digits of account number 0997 | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | |
| Canton Pathology P.O. Box 80690 | Line 4.16 of (Check one): | |
| Canton, OH 44708 | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | |
| Drew A Gonyias 6973 Promway Ave NW | Line 4.6 of (Check one): | |
| North Canton, OH 44720 | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| | Last 4 digits of account number 5284 | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | |
| Drew A Gonyias | Line 4.5 of (Check one): | |
| 6973 Promway Ave NW North Canton, OH 44720 | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| | Last 4 digits of account number 5278 | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | |
| Drew A Gonyias 6973 Promway Ave NW | Line 4.3 of (Check one): | |
| North Canton, OH 44720 | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| | Last 4 digits of account number 5271 | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | |
| Drew A Gonyias 6973 Promway Ave NW | Line 4.19 of (Check one): | |
| North Canton, OH 44720 | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| | Last 4 digits of account number 5277 | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | _ |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 12 of 14

| Debtor 1 Larry Edward Thompson, Jr. Debtor 2 Jennifer Lee Thompson | | Case number (if known) | | |
|---|---|--|--|--|
| Drew A Gonyias | Line 4.7 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | |
| 6973 Promway Ave NW | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| North Canton, OH 44720 | Last 4 digits of account number | 5284 | | |
| Name and Address | On which entry in Part 1 or Part 2 did | d you list the original creditor? | | |
| Drew A Gonyias | Line 4.8 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | |
| 6973 Promway Ave NW North Canton, OH 44720 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| North Canton, C11 44725 | Last 4 digits of account number | 5284 | | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | | | |
| Gary M. Greger DPM | Line 4.16 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | |
| P.O. Box 14000 Belfast, ME 04915 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| Beliast, ME 04913 | Last 4 digits of account number | | | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | | | |
| Gastroenterology & Hepatology | Line 4.16 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | |
| Spec. 4360 Fulton Dr NW Canton, OH 44718 | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| Canton, Off 447 to | Last 4 digits of account number | | | |
| Name and Address | On which entry in Part 1 or Part 2 did | | | |
| Kimberly Rathbone | Line 4.15 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | |
| 1100 Superior Ave. 19th Floor | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| Cleveland, OH 44114 | Last 4 digits of account number | 0997 | | |
| Name and Address | On which entry in Part 1 or Part 2 did | Y you list the original creditor? | | |
| LVNV Funding | Line 4.24 of (<i>Check one</i>): | Part 1: Creditors with Priority Unsecured Claims | | |
| PO Box 10497 | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| Greenville, SC 29603 | Last 4 digits of account number | | | |
| | | | | |
| Name and Address Stark County Emergency | On which entry in Part 1 or Part 2 did Line 4.26 of (<i>Check one</i>): | d you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims | | |
| Physicians | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| P.O. Box 20670 | — Tart 2. Oreginors with Northholity offsecured oralins | | | |
| Canton, OH 44701 | Last 4 digits of account number | | | |
| | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----------------------|-----|---|-----|-----------------|
| Total | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 2,700.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 2,700.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 48,559.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 50,757.76 |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 13 of 14

| Debtor 1 | Larry Edward Thompson, Jr. |
|----------|----------------------------|
| Debtor 2 | Jennifer I ee Thompson |

Case number (if known)

6j. **Total Nonpriority.** Add lines 6f through 6i.

\$ ______ 99,316.76

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 14 of 14

| Fill in this infor | mation to identify your | case: | | | | |
|---|----------------------------|---------------------------|-----------|--|---|-------------------------------------|
| Debtor 1 | Larry Edward Thompson, Jr. | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | 2 Jennifer Lee Thompson | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT OF OHIO | | | | |
| Case number | | | | | | |
| (if known) | | | | | _ | heck if this is an mended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| P | erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|-----|--|---|
| 2.1 | Progressive Leasing 256 W. Data Dr. Draper, UT 84020 | Rent to own 39.36/month Earrings and bracelet from Ashcroft and Oak |
| 2.2 | Progressive Leasing 256 W. Data Dr. Draper, UT 84020 | Rent to own 51.58/month Wedding Bank Kay Jewelers |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

| Fill in thi | s information to identify your | case: | | | |
|----------------------------|--|-----------------------------|--------------------------------|---|--|
| Debtor 1 | Larry Edward The | ompson, Jr. | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fi | Jennifer Lee Tho First Name | mpson Middle Name | Last Name | | |
| | - | | | | |
| United St | ates Bankruptcy Court for the: | NORTHERN DISTRIC | T OF OHIO | | |
| Case nun (if known) | nber | | | | Check if this is an amended filing |
| Sche | al Form 106H dule H: Your Cod s are people or entities who a | | ebts you may have. Be as | complete and accura | 12/15 |
| fill it out, | | boxes on the left. Atta | ch the Additional Page to | | eeded, copy the Additional Page, o of any Additional Pages, write |
| 1. Do | you have any codebtors? (If | you are filing a joint case | e, do not list either spouse a | as a codebtor. | |
| ■ No | | | | | |
| ☐ Ye | | | | | |
| Arizo | thin the last 8 years, have you na, California, Idaho, Louisiana, o. Go to line 3. | Nevada, New Mexico, F | uerto Rico, Texas, Washin | | v states and territories include |
| in lin Form | e 2 again as a codebtor only i | f that person is a guara | intor or cosigner. Make s | ure you have listed th | g with you. List the person shown the creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | P Code | | Column 2: The cre Check all schedule | ditor to whom you owe the debt s that apply: |
| 3.1 | | | | ☐ Schedule D, line | 9 |
| 0.1 | Name | | | ☐ Schedule E/F, li | |
| | | | | ☐ Schedule G, line | - |
| | Number Street | | | - | |
| | City | State | ZIP Code | | |
| 3.2 | | | | Cabadula D lina | |
| 3.2 | Name | | | ☐ Schedule D, line ☐ Schedule E/F, li | |
| | | | | ☐ Schedule G, line | |
| | Number Street | | | | |
| | City | State | ZIP Code | | |

| Fill | in this information | to identify your ca | ase: | | | | | |
|-------------|--|---------------------|----------------------------|--|-------------|------------|---------------------------------|-------|
| De | btor 1 | Larry Edwar | d Thompson, Jr. | | | | | |
| | btor 2 ouse, if filing) | Jennifer Lee | Thompson | | | | | |
| Un | ited States Bankru | ptcy Court for the | : NORTHERN DISTRIC | CT OF OHIO | | | | |
| (If k | se number | | | | □ Ai | | • | oter |
| | fficial Form | | | | M | M / DD/ | YYYY | |
| S | chedule I: | Your Inc | ome | | | | | 12/15 |
| spo atta | ouse. If you are se uch a separate she | parated and you | r spouse is not filing wi | ng jointly, and your spouse is liv ith you, do not include informati onal pages, write your name and | on about | your sp | ouse. If more space is need | ed, |
| 1. | Fill in your employment information. | | | Debtor 1 | | Debtor | 2 or non-filing spouse | |
| | If you have more | • | Employment status | ■ Employed | | ■ Emp | loyed | |
| | attach a separate information abou | | | ☐ Not employed | | □ Not e | employed | |
| | employers. | | Occupation | Outside Sales Rep | | Nurse | | |
| | Include part-time self-employed w | | Employer's name | Charter Communications I | LC | Legen | ds Care Center | |
| | Occupation may or homemaker, it | | Employer's address | 7800 Crescent Executive E Charlotte, NC 28217 | r | | lave Road Se Ion, OH 44646 | |
| | | | How long employed to | here? 1 mo | | _ | 1 yr 10 mo | |
| Pa | rt 2: Give De | etails About Mor | thly Income | | | | | |
| | imate monthly incuse unless you are | | ate you file this form. If | you have nothing to report for any | line, write | \$0 in the | e space. Include your non-filin | g |
| • | ou or your non-filing e space, attach a s | , , | | ombine the information for all empl | oyers for | that pers | on on the lines below. If you n | eed |
| | | | | | For Deb | tor 1 | For Debtor 2 or | |

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 1,216.76 4,333.33 deductions). If not paid monthly, calculate what the monthly wage would be.

Estimate and list monthly overtime pay. 3. 3. 0.00 +\$ 0.00

Calculate gross Income. Add line 2 + line 3. 1,216.76 4. 4,333.33

Schedule I: Your Income Official Form 106I page 1

Case number (if known)

| | | | | | For Debtor 1 | | | For Debtor 2 | | | |
|-----|--|---|------------|----------|--------------|-----|-----|--------------|-------------|--------|--|
| | _ | | | | . | | | | on-filing s | - | |
| | Copy | y line 4 here | 4. | ; | \$ 1,21 | 6.7 | 6 | \$_ | 4 | 333.33 | <u>5</u> |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | , | \$ 46 | 7.1 | 0 | \$ | | 862.18 | • |
| | | Mandatory contributions for retirement plans | 5a. 5b. | | : — | | | | | | |
| | 5b. | · | | | · | 0.0 | _ | \$_ | | 0.00 | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | | 0.0 | _ | \$_ | | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 5d. | | | 0.0 | | \$ | | 0.00 | |
| | 5e. | Insurance | 5e. | | | 0.0 | 0_ | \$ | | 0.00 | <u>) </u> |
| | 5f. | Domestic support obligations | 5f. | 9 | \$ | 0.0 | 0 | \$ | | 0.00 | <u>) </u> |
| | 5g. | Union dues | 5g. | , | \$ | 0.0 | 0 | \$ | | 0.00 |) |
| | 5h. | Other deductions. Specify: | 5h | + 3 | \$ | 0.0 | 0 + | - \$ | | 0.00 |) |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 46 | 7.1 | 8 | \$ | | 862.18 | <u> </u> |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 74 | 9.5 | 8 | \$ | 3 | 471.15 | <u>5</u> |
| 8. | List a 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | ; | \$ | 0.0 | 0 | \$ | | 0.00 |) |
| | 8b. | Interest and dividends | 8b. | 9 | | 0.0 | | \$ | | 0.00 | <u> </u> |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | t | | | | | = | | | _ |
| | | settlement, and property settlement. | 8c. | 9 | \$ | 0.0 | n | \$ | | 0.00 |) |
| | 8d. | Unemployment compensation | 8d. | | · | 0.0 | _ | \$ | | 0.00 | _ |
| | 8e. | Social Security | 8e. | | * | 0.0 | | \$ | | 0.00 | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | | | 0.0 | | \$_ | | 0.00 | |
| | 8g. | Pension or retirement income | 8g. | , | \$ | 0.0 | 0 | \$ | | 0.00 | <u>) </u> |
| | Oh | Sign on bonus new job monthly | Oh | | s 12 | 5.0 | Λ. | - \$ | | 0.00 | ١ |
| | 8h. | Other monthly income. Specify: avg | 8h | | · | | | ٠. | | | _ |
| | | Monthly average take home for DJ side job | _ | | \$ <u>17</u> | 5.0 | U | \$ | | 0.00 | <u>)</u> |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 30 | 0.0 | 0 | \$_ | | 0.0 | 00 |
| 10. | | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | . | 1,049.58 | + | \$_ | 3 | ,471.15 | = \$ _ | 4,520.73 |
| 11. | 1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 | | | | | | | | | | |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The real that amount on the Summary of Schedules and Statistical Summary of Certains | | | | | | | | \$ | 4,520.73 |
| 13. | Do y □ | ou expect an increase or decrease within the year after you file this form No. | 1? | | | | | | | Comb | ined Ily income |
| | • | Yes. Explain: Debtor H's benefits start today. His company wi insurance and he will be contributing 3% gross Debtor W used to work hourly with bonuses and where she's paid salary. | to a 4 | 01k | k. | - | | | | | |

Official Form 106l Schedule I: Your Income page 2

| Eill | in this information to identify your case: | | | | |
|-----------|--|------------------------|-------------------------------|---|--|
| | in this mornation to lacinity your ease. | | | | |
| Deb | Larry Edward Thompson, Jr. | | _ | eck if this is: | |
| Deb | otor 2 Jennifer Lee Thompson | | | An amended filing | wing postpetition chapter |
| | ouse, if filing) | | | | the following date: |
| | NODTHERN DISTRICT OF OUR | | | 1414 / 55 / 1200/ | |
| Unit | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO | | | MM / DD / YYYY | |
| Cas | se number | | | | |
| (If kı | nown) | | | | |
| \bigcap | fficial Form 106J | | | | |
| | | | | | |
| | chedule J: Your Expenses | votbor bo | 4h ava aw | ally roomanoible f | 12/15 |
| info | as complete and accurate as possible. If two married people are filing tog ormation. If more space is needed, attach another sheet to this form. On the mber (if known). Answer every question. | | | | |
| Par | t 1: Describe Your Household | | | | |
| 1. | Is this a joint case? | | | | |
| | ☐ No. Go to line 2. | | | | |
| | ■ Yes. Does Debtor 2 live in a separate household? | | | | |
| | ■ No | | | | |
| | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separa | ate Househ | nold of De | btor 2. | |
| 2. | Do you have dependents? ☐ No | | | | |
| | Do not list Dobter 1 and Eill out this information for Depende | ent's relatio | nshin to | Dependent's | Does dependent |
| | | or Debtor | | age | live with you? |
| | Do not state the | | | | □ No |
| | dependents names. Son | | | 5 | ■ Yes |
| | | | | | □ No |
| | | | | | ☐ Yes |
| | | | | | □ No |
| | | | | | Yes |
| | | | | | □ No |
| 3. | Do your expenses include ■ No | | | | ☐ Yes |
| Э. | expenses of people other than | | | | |
| | yourself and your dependents? | | | | |
| Par | t 2: Estimate Your Ongoing Monthly Expenses | | | | |
| exp | timate your expenses as of your bankruptcy filing date unless you are using tenses as of a date after the bankruptcy is filed. If this is a supplemental Solicable date. | ng this fo Schedule | rm as a s <i>J</i> , check | supplement in a Cha the box at the top o | apter 13 case to report of the form and fill in the |
| Incl | lude expenses paid for with non-cash government assistance if you know | v | | | |
| the | value of such assistance and have included it on Schedule I: Your Incom | | | Your exp | ancac |
| (Oti | ficial Form 106I.) | | | Tour exp | 611363 |
| 4. | The rental or home ownership expenses for your residence. Include first payments and any rent for the ground or lot. | mortgage | 4. | \$ | 850.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. | \$ | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4a. 4b. | · | 17.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. | · ——— | 75.00 |
| | 4d. Homeowner's association or condominium dues | | 4d. | · | 0.00 |
| 5. | Additional mortgage payments for your residence, such as home equity keeping and the such as home equity keeping as home equity keeping and the such as home equity keeping an | oans | 5. | \$ | 0.00 |

| ebtor 1 ebtor 2 | | lward Thompson, Jr. Lee Thompson | Case num | nber (if known) | |
|--------------------|-----------------|---|-------------------|-----------------|---------------------------------|
| Utilit | ies: | | | | |
| 6a. | Electricity | , heat, natural gas | 6a. | \$ | 300.00 |
| 6b. | Water, sev | wer, garbage collection | 6b. | \$ | 95.00 |
| 6c. | Telephone | e, cell phone, Internet, satellite, and cable services | 6c. | \$ | 300.00 |
| 6d. | Other. Spe | ecify: | 6d. | \$ | 0.00 |
| Food | d and hous | ekeeping supplies | 7. | \$ | 850.00 |
| Chile | dcare and o | children's education costs | 8. | \$ | 75.00 |
| Clot | hing, laund | ry, and dry cleaning | 9. | \$ | 150.00 |
| Pers | onal care p | products and services | 10. | \$ | 150.00 |
| Medi | ical and de | ntal expenses | 11. | \$ | 175.00 |
| | | Include gas, maintenance, bus or train fare. | | · | |
| | | ar payments. | 12. | \$ | 375.00 |
| Ente | rtainment, | clubs, recreation, newspapers, magazines, and books | 13. | \$ | 100.00 |
| Char | ritable cont | ributions and religious donations | 14. | \$ | 0.00 |
| Insu | rance. | | | | |
| Do n | ot include ir | nsurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. | Life insura | ance | 15a. | \$ | 0.00 |
| 15b. | Health ins | urance | 15b. | \$ | 0.00 |
| 15c. | Vehicle in | surance | 15c. | \$ | 117.33 |
| 15d. | Other insu | rance. Specify: | 15d. | \$ | 0.00 |
| Taxe Spec | | aclude taxes deducted from your pay or included in lines 4 or 2 | 20. | \$ | 0.00 |
| | | ease payments: | | · — | |
| 17a. | Car paym | ents for Vehicle 1 | 17a. | \$ | 174.20 |
| | | ents for Vehicle 2 | 17b. | \$ | 109.52 |
| 17c. | Other. Sp | ecify: Tebo Financial - vehicle | 17c. | \$ | 232.49 |
| | | ecify: Lease jewelry | 17d. | \$ | 39.36 |
| | | edding ring | | \$ | 51.58 |
| You | | of alimony, maintenance, and support that you did not re | nort as | <u> </u> | 31.30 |
| | | your pay on line 5, Schedule I, Your Income (Official Form | | \$ | 0.00 |
| | | s you make to support others who do not live with you. | | \$ | 0.00 |
| Spec | | | 19. | - | |
| | | erty expenses not included in lines 4 or 5 of this form or | on Schedule I: Yo | our Income. | |
| 20a. | Mortgages | s on other property | 20a. | \$ | 0.00 |
| 20b. | Real estat | te taxes | 20b. | \$ | 0.00 |
| 20c. | Property, | homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. | Maintenar | nce, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | | er's association or condominium dues | 20e. | \$ | 0.00 |
| Othe | r: Specify: | Personal Grooming and Haircuts | 21. | +\$ | 75.00 |
| Pets | | 1 010011aii 010011iiii g ana manbato | | +\$ | 100.00 |
| | | | | . Ψ | 100.00 |
| | - | monthly expenses | | | |
| | | through 21. | | \$ | 4,411.48 |
| 22b. | Copy line 2 | 2 (monthly expenses for Debtor 2), if any, from Official Form 1 | 106J-2 | \$ | |
| 22c. | Add line 22 | a and 22b. The result is your monthly expenses. | | \$ | 4,411.48 |
| Calc | ulate your | monthly net income. | | | |
| 23a. | Copy line | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 4,520.73 |
| | | monthly expenses from line 22c above. | 23b. | | 4,411.48 |
| | .,, | - • | | | -, |
| 23c. | | our monthly expenses from your monthly income. is your <i>monthly net income</i> . | 23c. | \$ | 109.25 |
| For e | xample, do yo | an increase or decrease in your expenses within the year ou expect to finish paying for your car loan within the year or do you exterms of your mortgage? | | | crease or decrease because of a |
| ΠY | | Explain here: | | | |
| — Т | c 3. | Explain flore. | | | |

| Fill in this info | rmation to identify your | case: | | | | | |
|--------------------------------|---------------------------|--|-----------------|---------|-----------------------------|---|-----|
| Debtor 1 | Larry Edward The | ompson, Jr. | | | | | |
| | First Name | Middle Name | Las | st Name | | | |
| Debtor 2 | Jennifer Lee Tho | • | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Las | st Name | | | |
| United States B | Bankruptcy Court for the: | NORTHERN DISTRIC | T OF OHIO | | | | |
| Case number | | | | | | | |
| (if known) | | | | | | ☐ Check if this is an amended filing | |
| Official For Declara | m 106Dec tion About a | an Individua | l Debt | or's | Schedules | 12: | /15 |
| | | | | | | | |
| You must file thobtaining mone | | ile bankruptcy schedule n connection with a ban | s or amend | ed sche | edules. Making a false sta | tement, concealing property, or 000, or imprisonment for up to 2 | |
| Sig | gn Below | | | | | | |
| Did you p | ay or agree to pay some | one who is NOT an atto | rney to help | you fil | I out bankruptcy forms? | | |
| ■ No | | | | | | | |
| ☐ Yes. | Name of person | | | | | nkruptcy Petition Preparer's Notice | |
| | | | | | Declaration | on, and Signature (Official Form 11 | 9) |
| Under nen | alty of periury I declare | that I have read the sur | nmary and s | chadul | es filed with this declarat | ion and | |
| • | re true and correct. | that I have read the Sun | illiar y aria s | oricadi | es med with this declarat | ion and | |
| X /s/ La | rry Edward Thompso | n, Jr. | Х | /s/ Je | ennifer Lee Thompson | | |
| Larry | Edward Thompson, | | | Jenn | ifer Lee Thompson | | |
| Signat | ure of Debtor 1 | | | Signat | ture of Debtor 2 | | |
| Date | November 1, 2019 | | | Date | November 1, 2019 | | |
| | | | | | | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

| Fill | in this inforn | nation to identify you | r case: | | | |
|----------------------|---|--|--|------------------------------------|---|------------------------------------|
| Deb | tor 1 | Larry Edward Th | | Lost Nome | | |
| Doh | tor 2 | | Middle Name | Last Name | | |
| | use if, filing) | Jennifer Lee Tho | Middle Name | Last Name | | |
| Unit | ed States Bar | nkruptcy Court for the: | NORTHERN DISTRICT C | OF OHIO | | |
| Cas (if kno | e number | | | | _ | heck if this is an mended filing |
| Sta Be a infor | s complete a | of Financial and accurate as possione space is needed, | attach a separate sheet to | re filing together, both are | ankruptcy equally responsible for sup | |
| num Pari | | n). Answer every ques | stion. Irital Status and Where You | Lived Before | | |
| | | r current marital statu | | Elved Belore | | |
| | ■ Married□ Not mar | ried | | | | |
| 2. | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. Lis | t all of the places you l | ived in the last 3 years. Do no | ot include where you live now | · | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territory co, Texas, Washington and W | |
| | ■ No □ Yes. Ma | ake sure you fill out <i>Scl</i> | nedule H: Your Codebtors (Of | ificial Form 106H). | | |
| Part | Explai | n the Sources of You | r Income | | | |
| | Fill in the tota | al amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? |
| | □ No | | | | | |
| | Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income | Gross income | Sources of income | Gross income |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$11,621.33 | ■ Wages, commissions, bonuses, tips | \$42,436.89 |
| | ☐ Operating a business ☐ Operating a business | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

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Best Case Bankruptcy

| | | | | Debtor 1 | | | | Debtor 2 | | |
|------------|----------------------------------|------------------------------|---|--|-------------|--|---------------------|--|----------------------------|---|
| | | | | Sources of income Check all that apply | | Gross income (before deductions ar exclusions) | nd | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| | | dar year: December | 31, 2018) | ■ Wages, commiss bonuses, tips | sions, | \$48,930.0 | 00 | ☐ Wages, combonuses, tips | missions, | \$0.00 |
| | | | | ☐ Operating a busi | ness | | | ☐ Operating a | business | |
| | | dar year be December | | ■ Wages, commiss bonuses, tips | sions, | \$26,033.0 | 00 | ☐ Wages, com bonuses, tips | missions, | \$0.00 |
| | | | | ☐ Operating a busi | ness | | | ☐ Operating a | business | |
| and wir | d other nnings. Ist each s | public bene f you are fil | fit payments; ing a joint cas he gross inco | pensions; rental incor e and you have incon | me; interes | nples of other income a st; dividends; money co u received together, lis ly. Do not include incor | ollecte st it on | ed from lawsuits; aly once under De | royalties; and ebtor 1. | ecurity, unemployment, d gambling and lottery |
| | | | | Debtor 1 | | | | Debtor 2 | | |
| | | | | Sources of income Describe below. | | Gross income from each source (before deductions are exclusions) | nd | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| Part 3: | List | Certain Pa | yments You | Made Before You Fi | led for Ba | ankruptcy | | | | |
| 6. Ard | | Neither D | ebtor 1 nor D | s debts primarily co ebtor 2 has primaril personal, family, or h | y consum | ner debts. Consumer o | debts | are defined in 11 | U.S.C. § 10 ⁻ | 1(8) as "incurred by an |
| | | During the | 90 days befo | re you filed for bankru | uptcy, did | you pay any creditor a | total | of \$6,825* or mo | re? | |
| | | □ No. | Go to line 7 | | | | | | | |
| | | ☐ Yes | paid that cre | | payments | a total of \$6,825* or me for domestic support of bankruptcy case. | | | | |
| | | * Subject | to adjustment | on 4/01/22 and every | y 3 years a | after that for cases filed | d on c | or after the date o | f adjustment. | |
| | Yes. | | | r both have primarily re you filed for bankru | • | ner debts. you pay any creditor a | total | of \$600 or more? | | |
| | | ■ No. | Go to line 7 | | | | | | | |
| | | □ Yes | List below e include pay | ach creditor to whom | upport obli | a total of \$600 or more gations, such as child | | | | creditor. Do not nclude payments to an |
| Cı | reditor' | s Name an | d Address | Dates of | f payment | Total amoun | | Amount you still owe | Was this p | eayment for |
| | | | | | | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debtor 1 Debtor 2 | | | | Case number (if known) | | | | | | |
|---|---|---|---|-------------------------------------|-----------------------------------|--|--|--|--|--|
| <i>Insi</i> of w a bu | hin 1 year before you filed for bankrup ders include your relatives; any general p which you are an officer, director, person in usiness you operate as a sole proprietor. | artners; relatives of any gen n control, or owner of 20% o | eral partners; partner r more of their voting | erships of which g securities; a | ch you are a ge ind any managi | neral partner; corporations ng agent, including one for | | | | |
| | No | | | | | | | | | |
| | Yes. List all payments to an insider. | | | | | | | | | |
| Ins | ider's Name and Address | Dates of payment | Total amount paid | Amount y still or | | for this payment | | | | |
| insi | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. | | | | | | | | | |
| _ | No | | | | | | | | | |
| | Yes. List all payments to an insider | | | | | | | | | |
| Ins | ider's Name and Address | Dates of payment | Total amount paid | Amount y still o | | for this payment creditor's name | | | | |
| Part 4: | Identify Legal Actions, Repossessio | ns, and Foreclosures | | | | | | | | |
| 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. | | | | | | | | | | |
| | No Yes. Fill in the details. | | | | | | | | | |
| | se title se number | Nature of the case Court or agency | | Status | of the case | | | | | |
| Tre | ckson Township Board of ustees -vs- Debtor 18-CVI-05277 | Complaint for Money | Canton Municipal Court 218 Cleveland Ave. SW Canton, OH 44702 | | ☐ Pend☐ On a | appeal | | | | |
| | ıltman Hospital -vs- Debtor 18-CVI-05271 | Complaint for Money | Canton Munici 218 Cleveland Canton, OH 44 | Ave. SW | ☐ Pend☐ On a | appeal | | | | |
| CA | AEP-Dunlap -vs- Debtor | Complaint for | Canton Munici | nal Court | ☐ Pen | ding | | | | |
| | 18-CVI-05278 | Money | 218 Cleveland | | ☐ On a | - | | | | |
| | | | Canton, OH 44 | 702 | ☐ Con | | | | | |
| Ph | nton Aultman Emergency pysicians -vs- Debtor 18-CVI-05284 | Complaint for Money | Canton Munici 218 Cleveland Canton, OH 44 | Ave. SW | ☐ Pend☐ On a | appeal | | | | |
| Che ■ □ | hin 1 year before you filed for bankrupteck all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. editor Name and Address | | rty repossessed, f | | arnished, attad | ched, seized, or levied? Value of the property | | | | |
| | | Explain what happened | | | | property | | | | |
| | | | | | | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| | otor 1 Larry Edward Thompson, Jr. Jennifer Lee Thompson | Case number | (if known) |
|-----|---|--|---|
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment bed ■ No □ Yes. Fill in the details. | ptcy, did any creditor, including a bank or financial ins ause you owed a debt? | titution, set off any amounts from your |
| | Creditor Name and Address | Describe the action the creditor took | Date action was Amount taken |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a No Yes | cy, was any of your property in the possession of an a mother official? | assignee for the benefit of creditors, a |
| Par | t 5: List Certain Gifts and Contributions | | |
| | | otcy, did you give any gifts with a total value of more th | nan \$600 per person? |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave Value the gifts |
| | Person to Whom You Gave the Gift and Address: | | |
| 14. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift or con | otcy, did you give any gifts or contributions with a tota | I value of more than \$600 to any charity? |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | Describe what you contributed | Dates you Value contributed |
| Par | t 6: List Certain Losses | | |
| 15. | Within 1 year before you filed for bankrup or gambling? | cy or since you filed for bankruptcy, did you lose anyt | hing because of theft, fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | |
| | Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your Value of property loss lost |
| Par | t 7: List Certain Payments or Transfers | iodiane dianne di inte de di caredane // 2. / / operig. | |
| 16. | Within 1 year before you filed for bankrupt consulted about seeking bankruptcy or pr | cy, did you or anyone else acting on your behalf pay of eparing a bankruptcy petition? sparers, or credit counseling agencies for services required. | |
| | □ No ■ Yes. Fill in the details. | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | Description and value of any property transferred | Date payment Amount of or transfer was payment made |
| | Rauser & Associates Legal Clinic, LL 401 W. Tuscarawas St. #400 Canton, OH 44702 jdonahue@ohiolegalclinic.com | | 10.23.19 \$985.00 |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and v transferred | alue of any pro | perty | Date payment or transfer was made | Amount of payment | | | | |
|-----|--|--|---|-----------------------------------|---|---|--|--|--|--|
| | Access Counseling | Credit Counseli | ng | | Oct 2019 | \$14.95 | | | | |
| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. | | | | | | | | | |
| | Person Who Was Paid Description and value of any property transferred | | | Date payment or transfer was made | Amount of payment | | | | | |
| | Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busin Include both outright transfers and transfers made include gifts and transfers that you have already listed No. Yes. Fill in the details. | ness or financial affa as security (such as t | airs? the granting of a | | | | | | | |
| | Person Who Received Transfer Address Person's relationship to you | Description and v property transfer | | | any property or s received or debts schange | Date transfer was made | | | | |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | | | | | | |
| | Name of trust | Description and v | Description and value of the property transferred | | | Date Transfer was made | | | | |
| Par | 8: List of Certain Financial Accounts, Instru | ıments, Safe Deposit | t Boxes, and Sto | orage Units | | | | | | |
| | Within 1 year before you filed for bankruptcy, v sold, moved, or transferred? Include checking, savings, money market, or o houses, pension funds, cooperatives, associat No Yes. Fill in the details. | ther financial accou | nts; certificates | of deposit; sh | | | | | | |
| | | ast 4 digits of ecount number | Type of account instrument | clo mo | ate account was osed, sold, oved, or ansferred | Last balance before closing or transfer | | | | |
| 21. | Do you now have, or did you have within 1 yea cash, or other valuables? | r before you filed for | bankruptcy, an | y safe deposi | t box or other deposi | tory for securities, | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | | | contents | Do you still have it? | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| | btor 1 btor 2 | Larry Edward Thompson, Jr. Jennifer Lee Thompson | | Case number (if known) | |
|-----|------------------|--|--|---------------------------------------|-----------------------|
| 22. | Have | you stored property in a storage unit or p | lace other than your home within 1 | year before you filed for bankruptcy | ? |
| | = N | No | | | |
| | | Yes. Fill in the details. | | | |
| | | e of Storage Facility 'ess (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
| Par | rt 9: | Identify Property You Hold or Control for | Someone Else | | |
| 23. | | ou hold or control any property that someone. | one else owns? Include any proper | ty you borrowed from, are storing for | , or hold in trust |
| | _ | No Ƴes. Fill in the details. | | | |
| | | er's Name 'ess (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
| Par | rt 10: | Give Details About Environmental Inform | ation | | |
| For | the pu | rpose of Part 10, the following definitions | apply: | | |
| | toxic | conmental law means any federal, state, or substances, wastes, or material into the a ations controlling the cleanup of these su | ir, land, soil, surface water, ground | • | |
| | Site m | neans any location, facility, or property as n, operate, or utilize it, including disposal | defined under any environmental I | aw, whether you now own, operate, o | or utilize it or used |
| | | rdous material means anything an environ dous material, pollutant, contaminant, or | | waste, hazardous substance, toxic s | substance, |
| Rep | ort all | notices, releases, and proceedings that ye | ou know about, regardless of when | they occurred. | |
| 24. | Has a | ny governmental unit notified you that yo | u may be liable or potentially liable | under or in violation of an environme | ental law? |
| | | No Yes. Fill in the details. | | | |
| | | e of site ress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 25. | Have | you notified any governmental unit of any | release of hazardous material? | | |
| | | No Yes. Fill in the details. | | | |
| | | e of site Tess (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 26. | Have | you been a party in any judicial or admini | strative proceeding under any envi | ronmental law? Include settlements a | and orders. |
| | _ | No Ƴes. Fill in the details. | | | |
| | | e Title e Number | Court or agency Name | Nature of the case | Status of the case |

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time

Address (Number, Street, City,

State and ZIP Code)

☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)

page 6

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| | otor 1 otor 2 | Larry Edward Thompson, Jr. Jennifer Lee Thompson | | Cas | e number (if known) | | | |
|--|---|---|--|---|--|--|--|--|
| | | ☐ A partner in a partnership | | | | | | |
| | | ☐ An officer, director, or managing ex | ecutive of a corporation | | | | | |
| | | ☐ An owner of at least 5% of the votin | g or equity securities of a corporation | | | | | |
| | | No. None of the above applies. Go to F | Part 12. | | | | | |
| | | Yes. Check all that apply above and fill | in the details below for each business. | | | | | |
| | Add | siness Name dress | Describe the nature of the business | scribe the nature of the business Employer Identification Do not include Social | | | | |
| | (Nun | nber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | | Dates business existed | | | |
| 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about you institutions, creditors, or other parties. No Yes. Fill in the details below. | | | | | yone about your business? Include all financial | | | |
| | | | Date Issued | | | | | |
| Par | t 12: | Sign Below | | | | | | |
| are with | true a a ba J.S.C. | | false statement, concealing property, o | or ob year | eclare under penalty of perjury that the answers staining money or property by fraud in connection s, or both. | | | |
| La | rry E | dward Thompson, Jr. | Jennifer Lee Thompson | | | | | |
| Sig | natui | re of Debtor 1 | Signature of Debtor 2 | | | | | |
| Dat | e N | lovember 1, 2019 | Date November 1, 2019 |) | | | | |
| Did ■ N | lo | attach additional pages to Your Stateme | ent of Financial Affairs for Individuals F | iling | for Bankruptcy (Official Form 107)? | | | |
| Did ■ N | | pay or agree to pay someone who is not | t an attorney to help you fill out bankru | ptcy | forms? | | | |
| ΠY | Yes. Name of Person Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Fill in this infor | mation to identify your | case: | | |
|------------------------|--------------------------|-------------------|-----------|--------------------------------------|
| Debtor 1 | Larry Edward The | ompson, Jr. | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Jennifer Lee Tho | mpson | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| | secures a debt? Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: Debtor will retain collateral and cont to make regular payments | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|--------------------------------|--|---|---|
| Creditor's S ı | uperior Used Cars | ☐ Surrender the property. | ■ No |
| name: | | ☐ Retain the property and redeem it. | |
| Description of | | | Yes |
| property | | , , , , , , , , | |
| securing debt: Canton On 44706 | | | |
| | | | |
| Creditor's T e | ebo Financial Services, Inc | _ | ■ No |
| | 2009 Saturn Outlook 160,000 | ☐ Retain the property and redeem it.☐ Retain the property and enter into a | ■ No |
| name: | 2009 Saturn Outlook 160,000 miles Location: 190 Faircrest St. SW, | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. | _ |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 1

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Best Case Bankruptcy

| | | Edward Thompson, Jr. ifer Lee Thompson | Case number (if known) | | |
|--|--------------------------------|---|--|-----------------------------------|--|
| r | name: | | ☐ Retain the property and redeem it. | ☐ Yes | |
| property securing debt: 183,000 miles Location: 190 Faircrest S Canton OH 44706 Neeeds repairs | | 183,000 miles Location: 190 Faircrest St. SW, Canton OH 44706 | □ Retain the property and enter into a Reaffirmation Agreement. ■ Retain the property and [explain]: □ Debtor will retain collateral and continue to make regular payments | _ | |
| For in th | any unexpire ne information | n below. Do not list real estate leases. U | s ed in Schedule G: Executory Contracts and Unexpire Unexpired leases are leases that are still in effect; the if the trustee does not assume it. 11 U.S.C. § 365(p)(2) | e lease period has not yet ended. | |
| Des | scribe your u | nexpired personal property leases | | Will the lease be assumed? | |
| Les | ssor's name: | Progressive Leasing | | □ No | |
| | | | | Yes | |
| | scription of lea perty: | sed Rent to own 51.58/month Wedding Bank Kay Jewelers | | | |
| Par | t 3: Sign B | elow | | | |
| | | perjury, I declare that I have indicated oubject to an unexpired lease. | my intention about any property of my estate that se | cures a debt and any personal | |
| Χ | /s/ Larry E | dward Thompson, Jr. | X /s/ Jennifer Lee Thompson | | |
| | Larry Edw Signature of | ard Thompson, Jr. Debtor 1 | Jennifer Lee Thompson Signature of Debtor 2 | | |
| | Date N | ovember 1, 2019 | Date November 1, 2019 | | |

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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Best Case Bankruptcy

| Debtor 1 Larry Edward Thompson, Jr. Debtor 2 Jennifer Lee Thompson (Spouse, if filing) United States Bankruptcy Court for the: Northern District of Ohio Case number (if known) Official Form 122A - 1 Check if this is an amended filing Official Form 122A - 1 Chapter 7 Statement of Your Current Monthly Income 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, audifying military service, complete and file Statement of Exemption from Presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. Part 1: Calculate Your Current Monthly Income 1. What is your marital and filling status? Check one only. Not married. Fill out Column A, lines 2-11. Married and your spouse is filling with you. Fill out both Columns A and B, lines 2-11. Married and your spouse is NOT filling with you. You and your spouse are: Living in the same household and are not legally separated. Fill out both Columns B, by checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include eval not her before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income was pouseed with the penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include eval not her besults on the filing the 6 mon |
|--|
| Debtor 2 Jennifer Lee Thompson |
| Spouse, if filing United States Bankruptcy Court for the: Northern District of Ohio Case number (if known) 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2). 3. The Means Test does not apply now because of qualified military service but it could apply later. Check if this is an amended filing Official Form 122A - 1 Chapter 7 Statement of Your Current Monthly Income 12/15 |
| United States Bankruptcy Court for the: Northern District of Ohio Case number (if known) |
| Case number |
| Official Form 122A - 1 Chapter 7 Statement of Your Current Monthly Income 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. Part 1: Calculate Your Current Monthly Income 1. What is your marital and filling status? Check one only. Not married. Fill out Column A, lines 2-11. Married and your spouse is filling with you. Fill out both Columns A and B, lines 2-11. Married and your spouse is NOT filling with you. You and your spouse are: Living in the same household and are not legally separated. Fill out both Columns B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(b)(7)(B). Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not come amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. |
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| 0.1 |
| Column A Column B Debtor 1 Debtor 2 or non-filing spouse |
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). \$ 2,061.89 \$ 4,755.37 |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. \$ \$ \$ \$ \$ 0.00 |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. |
| 5. Net income from operating a business, profession, or farm |
| |
| Debtor 1 |
| Gross receipts (before all deductions) \$ |
| Gross receipts (before all deductions) Ordinary and necessary operating expenses \$\begin{array}{c} 0.00 \\ 0.00 \\ \end{array}\$ -\$ \begin{array}{c} 0.00 \\ 0.00 \\ 0.00 \\ \end{array}\$ |
| Gross receipts (before all deductions) Ordinary and necessary operating expenses Net monthly income from a business, profession, or farm \$ 0.00 Copy here -> \$ 0.00 0.00 Copy here -> \$ 0.00 |
| Gross receipts (before all deductions) Ordinary and necessary operating expenses \$\begin{array}{c} 0.00 \\ 0.00 \\ \end{array}\$ -\$ \begin{array}{c} 0.00 \\ 0.00 \\ 0.00 \\ \end{array}\$ |

Chapter 7 Statement of Your Current Monthly Income

0.00

0.00 Copy here -> \$

0.00

0.00

-\$

page 1

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Ordinary and necessary operating expenses

7. Interest, dividends, and royalties

Net monthly income from rental or other real property

0.00

0.00

| | | | | Column A Debtor 1 | | Column B Debtor 2 o non-filing | | |
|------|--|---|-------------------|-------------------|-------------|--------------------------------|------------------------------|---|
| 8. | Unemployment compensation | | | \$ | 0.00 | \$ | 0.00 | |
| | Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here: | received was a ber | nefit under | | | | | |
| | For you \$ | | 0.00 | | | | | |
| | For your spouse \$ | | 0.00 | | | | | |
| 9. | Pension or retirement income. Do not include any ambenefit under the Social Security Act. | nount received that | was a | \$ | 0.00 | \$ | 0.00 | |
| 10. | Income from all other sources not listed above. Spe Do not include any benefits received under the Social S received as a victim of a war crime, a crime against hur domestic terrorism. If necessary, list other sources on a total below. | Security Act or paym nanity, or internation separate page and | ents nal or | \$ | 0.00 | \$ | 0.00 | |
| | | | | \$ | 0.00 | \$ | 0.00 | |
| | Total amounts from separate pages, if any. | | + | \$ | 0.00 | \$ | 0.00 | |
| 11. | Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column | | \$ | 2,061.89 | + \$_ | 4,755.37 | \$6,817.26 | |
| | | | | | | | Total current monthly income | • |
| Part | 2: Determine Whether the Means Test Applies to | o You | | | | | | |
| 12 | Calculate your current monthly income for the year. | Follow these steps | - | | | | | |
| 12. | 12a. Copy your total current monthly income from line 1 | | | Con | y line 11 | horo-> | ¢ 6.047.06 |] |
| | 12a. Copy your total current monthly income from line i | | | СОР | y iiiie i i | 11616-2 | \$6,817.26 | |
| | Multiply by 12 (the number of months in a year) | | | | | | x 12 | j |
| | 12b. The result is your annual income for this part of the | e form | | | | 12b | s 81,807.12 | |
| | · | | | | | | · | |
| 13. | Calculate the median family income that applies to | you. Follow these s | teps: | | | | | |
| | Fill in the state in which you live. | ОН | | | | | | |
| | Fill in the number of people in your household. | 3 | | | | | | , |
| | Fill in the median family income for your state and size | | | | | 13. | \$74,969.00 | |
| | To find a list of applicable median income amounts, go for this form. This list may also be available at the bank | | | in the separa | ate instruc | ctions | | ļ |
| 14. | How do the lines compare? | | | | | | | |
| | 14a. | n the top of page 1, | check box | 1, There is i | no presun | nption of abus | se. | |
| | 14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2. | of page 1, check box | 2, The pre | esumption of | abuse is | determined b | y Form 122A-2. | |
| Part | 3: Sign Below | | | | | | | |
| | By signing here, I declare under penalty of perjury | that the information | on this sta | tement and | in any att | achments is ti | rue and correct. | _ |
| | X /s/ Larry Edward Thompson, Jr. | x | /s/ Jenn | ifer Lee T | hompso | n | | |
| | Larry Edward Thompson, Jr. | | Jennife | r Lee Thor | npson | | | - |
| | Signature of Debtor 1 | | • | of Debtor 2 | | | | |
| | Date November 1, 2019 MM / DD / YYYY | Date | Novemb MM / DD | oer 1, 201 | 9 | | | |
| | If you checked line 14a, do NOT fill out or file Forn | n 122A-2. | IVIIVI / DD | , , , , , , | | | | |
| | • | | | | | | | |
| | If you checked line 14b, fill out Form 122A-2 and fi | ile it with this form. | | | | | | |

Chapter 7 Statement of Your Current Monthly Income

page 2

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| Fill in this information to identify your case: | | | | | |
|---|--------------------|-----------|--|--|--|
| Debtor 1 | Larry Edward Thom | pson, Jr. | | | |
| Debtor 2 | Jennifer Lee Thomp | son | | | |
| (Spouse, if filing | 1) | | | | |
| United States Bankruptcy Court for the: Northern District of Ohio | | | | | |
| Case number(if known) | | | | | |

Check the appropriate box as directed in lines 40 or 42:

According to the calculations required by this Statement:

1. There is no presumption of abuse.

2. There is a presumption of abuse.

☐ Check if this is an amended filing

Official Form 122A - 2

Chapter 7 Means Test Calculation

04/19

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

| t 1: Determ | ine Your Adjusted Income | | | | | |
|---|--|---|---|---|---|--|
| Copy your tot | al current monthly income. | Copy line 11 from | Official Form 122 | \-1 here=> | \$ | 6,817.26 |
| ☐ No. Fill in ■ Yes. Is you | \$0 for the total on line 3. | | | | | |
| On line 11, Co expenses of your No. Fill in | penses of you or your dependents. Follow the lumn B of Form 122A-1, was any amount of the pu or your dependents? 0 for the total on line 3. | hese steps: | | | ed for the hou | usehold |
| For exar support | mple, the income is used to pay your spouse's other than you or your dependents. | tax debt or to | are subtracting fi | come | | |
| | | | 0.00 | Copy total here= | | 0.00 6,817.26 |
| | Did you fill ou No. Fill in Yes. Is you No. Yes. Adjust your chousehold ex On line 11, Co expenses of you No. Fill in Yes. Fill in State ex support | Did you fill out Column B in Part 1 of Form 122A-1? No. Fill in \$0 for the total on line 3. Yes. Is your spouse Filing with you? No. Go to line 3. Yes. Fill in \$0 for the total on line 3. Adjust your current monthly income by subtracting any household expenses of you or your dependents. Follow to On line 11, Column B of Form 122A-1, was any amount of the expenses of you or your dependents? No. Fill in 0 for the total on line 3. Yes. Fill in the information below: State each purpose for which the income was used. For example, the income is used to pay your spouse's support other than you or your dependents. | Did you fill out Column B in Part 1 of Form 122A-1? No. Fill in \$0 for the total on line 3. Yes. Is your spouse Filing with you? No. Go to line 3. Yes. Fill in \$0 for the total on line 3. Adjust your current monthly income by subtracting any part of your spouse household expenses of you or your dependents. Follow these steps: On line 11, Column B of Form 122A-1, was any amount of the income you report expenses of you or your dependents? No. Fill in 0 for the total on line 3. Yes. Fill in the information below: State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents. | Did you fill out Column B in Part 1 of Form 122A-1? No. Fill in \$0 for the total on line 3. Yes. Is your spouse Filing with you? No. Go to line 3. Yes. Fill in \$0 for the total on line 3. Adjust your current monthly income by subtracting any part of your spouse's income not use household expenses of you or your dependents. Follow these steps: On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse expenses of you or your dependents? No. Fill in 0 for the total on line 3. Yes. Fill in the information below: State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents. Fill in the amount are subtracting from your spouse's income is used to pay your spouse's income income you reported for your spouse's income is used to pay your spouse's tax debt or to support other than you or your dependents. | Did you fill out Column B in Part 1 of Form 122A-1? No. Fill in \$0 for the total on line 3. Yes. Is your spouse Filing with you? No. Go to line 3. Yes. Fill in \$0 for the total on line 3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps: On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly use expenses of you or your dependents? No. Fill in 0 for the total on line 3. Yes. Fill in the information below: State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents. Fill in the amount you are subtracting from your spouse's income \$ | Did you fill out Column B in Part 1 of Form 122A-1? No. Fill in \$0 for the total on line 3. Yes. Is your spouse Filing with you? No. Go to line 3. Yes. Fill in \$0 for the total on line 3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps: On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the housexpenses of you or your dependents? No. Fill in 0 for the total on line 3. Yes. Fill in the information below: State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents. \$ Total. Copy total here=> \$ |

Official Form 122A-2

Chapter 7 Means Test Calculation

page 1

Best Case Bankruptcy

| Larry Edward Thompson, | Jr. |
|------------------------|-----|
| Jennifer Lee Thompson | |

Part 2:

Debtor 1 Debtor 2

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted fro your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from in income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the from refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

3

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

s 1,446.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person \$ 55.00
- 7b. Number of people who are under 65 X 3
- 7c. Subtotal. Multiply line 7a by line 7b. \$ 165.00 Copy here=> \$ 165.00

People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person \$ 114.00
- 7e. Number of people who are 65 or older X 0
- 7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy here=> +\$ 0.00

Debtor 1 Larry Edward Thompson, Jr. Jennifer Lee Thompson

Case number (if known)

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

| | | n information fron tcy purposes into | n the IRS, the U.S. Trustee Proteo two parts: | gram | has divided tl | ie IRS L | ocal Stand | ard for hous | ing for | | |
|------|------------|---|---|--------|---------------------|-----------|----------------|----------------|-----------------|---------------------------------|--------|
| _ | | · · | nsurance and operating exper Mortgage or rent expenses | ises | | | | | | | |
| To a | answ | er the questions i | n lines 8-9, use the U.S. Truste | e Pro | gram chart. | | | | | | |
| | | | ising the link specified in the sep able at the bankruptcy clerk's off | | instructions for | this forr | m. | | | | |
| 8. | | • | - Insurance and operating expedied for your county for insurance | | • | | | | e 5, fill \$ | | 590.00 |
| 9. | Hou | sing and utilities | - Mortgage or rent expenses: | | | | | | | | |
| | 9a. | - | of people you entered in line 5, nty for mortgage or rent expense | | | | | \$ | 908.00 | | |
| | 9b. | Total average mor | nthly payment for all mortgages a | and ot | her debts secu | red by y | our home. | | | | |
| | | | otal average monthly payment, a to each secured creditor in the 60 en divide by 60. | | | | | | | | |
| | | Name of the credi | tor | | Average mon payment | thly | | | | | |
| | | -NONE- | | | \$ | | | | | | |
| | | | Total average monthly paymen | nt | \$ | 0.00 | Copy here=> | -\$ | 0.00 | Repeat this amount on line 33a. | |
| | 9c. | Net mortgage or r | ent expense. | | | | | | | | |
| | | | otal average monthly payment) fi f this amount is less than \$0, en | | | | \$ | 908.00 | Copy here=> | \$ | 908.00 |
| 10. | | | .S. Trustee Program's division n of your monthly expenses, fil | | | | | g is incorred | et and | \$ | 0.00 |
| | Ex | plain why: | | | | | | | | | |
| 11. | Loc | al transportation | expenses: Check the number of | vehic | les for which y | ou claim | an ownersh | ip or operatir | ng expense. | | |
| | | . Go to line 14. | | | | | | | | | |
| | □ 1 | . Go to line 12. | | | | | | | | | |
| | = 2 | or more. Go to line | e 12. | | | | | | | | |
| 12. | | | ense: Using the IRS Local Stan in the Operating Costs that appl | | | | | | | \$ | 382.00 |

Official Form 122A-2

Chapter 7 Means Test Calculation

| r 1 | Larry Edward Thompson, Jr. |
|-----|----------------------------|
| r 2 | Jennifer Lee Thompson |

Debto

Case number (if known)

| You | | pense: Using the IRS Local if you do not make any loan | | | | | | |
|----------|--|--|----------------|--------------|--------------------------|-------------|--|--------|
| Vehicle | Describe Vehicle 1: | 2009 Saturn Outlook 16 SW, Canton OH 44706 | | | n: 190 Fa | ircrest St. | | |
| 13a. Owi | nership or leasing costs usin | g IRS Local Standard | | | \$ | 508.00 | | |
| | erage monthly payment for all not include costs for leased | I debts secured by Vehicle 1. vehicles. | | | | | | |
| are | | ly payment here and on line ocured creditor in the 60 mont | | | t | | | |
| | Name of each creditor for | r Vehicle 1 | Average n | nonthly | | | | |
| | Tebo Financial Service | es, Inc | \$ | 41.67 | | | | |
| | Total A | Average Monthly Payment | \$ | 41.67 | Copy here => | -\$41 | Repeat this amount on line 33b. | |
| | Vehicle 1 ownership or leas otract line 13b from line 13a. | e expense if this amount is less than \$0 | , enter \$0. | | \$ | 466.33 | Copy net Vehicle 1 expense here => \$ | 466.33 |
| Vehicle | Describe Vehicle 2: | 2008 Ford Edge 130,00 Canton OH 44706 | 0 miles Lo | cation: 19 | 0 Faircre | st St. SW, | | |
| 13d. Owi | nership or leasing costs usin | g IRS Local Standard | | | . \$ | 508.00 | | |
| | erage monthly payment for al sed vehicles. | I debts secured by Vehicle 2. | . Do not inclu | ude costs fo | r | | | |
| | Name of each creditor for | r Vehicle 2 | Average n | nonthly | | | | |
| | Superior Used Cars | | \$ | 33.33 | | | | |
| | Total A | Average Monthly Payment | \$ | 33.33 | Copy here => -\$ _ | 33.33 | Repeat this amount on line 33c. | |
| | Vehicle 2 ownership or leas stract line 13e from line 13d. | e expense if this amount is less than \$0 | , enter \$0 | | . \$ | 474.67 | Copy net Vehicle 2 expense here => \$ | 474.67 |

14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.

0.00

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

\$ 0.00

Official Form 122A-2

Chapter 7 Means Test Calculation

Debtor 1 Debtor 2

| Oth | her Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly the following IRS categories. | expenses for | |
|-----|--|----------------|----------|
| 16. | Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount with your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund and subtract that number from the total monthly amount that is withheld to pay for taxes. | neld from | |
| | Do not include real estate, sales, or use taxes. | \$_ | 1,410.00 |
| 17. | Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. | | |
| | Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll sat | vings. \$_ | 0.00 |
| 18. | Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married peo filing together, include payments that you make for your spouse's term life insurance. Do not include premium insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other t term. | ns for life | 0.00 |
| 19. | Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. | | |
| | Do not include payments on past due obligations for spousal or child support. You will list these obligations in | line 35. \$ _ | 0.00 |
| 20. | Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or | | |
| | for your physically or mentally challenged dependent child if no public education is available for similar ser | rvices. \$_ | 0.00 |
| 21. | Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and processing the control of the cont | reschool. | |
| | Do not include payments for any elementary or secondary school education. | \$_ | 0.00 |
| 22. | Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance by a health savings account. Include only the amount that is more than the total entered in line 7. | | |
| | Payments for health insurance or health savings accounts should be listed only in line 25. | \$_ | 0.00 |
| 23. | Optional telephone and telephone services: The total monthly amount that you pay for telecommunication for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or busin phone service, to the extent necessary for your health and welfare or that of your dependents or for the produ income, if it is not reimbursed by your employer. | ness cell | |
| | Do not include payments for basic home telephone, internet and cell phone service. Do not include self-emplor expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. | oyment +\$_ | 0.00 |
| 24. | Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. | \$ | 5,842.00 |

Debtor 1 Debtor 2

| Add | ditional | Expense Deductions These are additional | deduction | ns allowed by th | e Means Test. | | | | |
|-----|---|---|----------------------|--|--|-----|--------|--|--|
| | Note: Do not include any expense allowances listed in lines 6-24. | | | | | | | | |
| 25. | 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, o your dependents. | | | | | | | | |
| | Health | | | | | | | | |
| | Disability insurance \$ 0.00 | | | | | | | | |
| | Health | savings account | + \$ | 0.00 | | | | | |
| | | | | |] | | | | |
| | Total | | \$ | 413.00 | Copy total here=> | \$ | 413.00 | | |
| | Do you | u actually spend this total amount? | | | | | | | |
| | | No. How much do you actually spend? | | | | | | | |
| | | Yes | \$ | | | | | | |
| 26. | conting your h | nued contributions to the care of household ue to pay for the reasonable and necessary care ousehold or member of your immediate family ve e contributions to an account of a qualified ABLE | and sup ho is una | port of an elderl ble to pay for su | y, chronically ill, or disabled member of uch expenses. These expenses may | \$ | 0.00 | | |
| 27. | Protec | ction against family violence. The reasonably of you and your family under the Family Violence | necessar | y monthly exper | nses that you incur to maintain the | | | | |
| | By law | , the court must keep the nature of these expen | ses confid | dential. | | \$ | 0.00 | | |
| 28. | • | ional home energy costs. Your home energy c | | | insurance and operating expenses on | | | | |
| | - | believe that you have home energy costs that a n fill in the excess amount of home energy costs | | nan the home er | nergy costs included in expenses on line | | | | |
| | | nust give your case trustee documentation of your transmit claimed is reasonable and necessary. | ır actual e | expenses, and y | ou must show that the additional | \$ | 0.00 | | |
| 29. | \$170.8 | ation expenses for dependent children who a 33* per child) that you pay for your dependent cl elementary or secondary school. | | | | | | | |
| | | oust give your case trustee documentation of your discreasing and necessary and not already | | , , | , , | | | | |
| | * Subj | ect to adjustment on 4/01/22, and every 3 years | after that | for cases begu | n on or after the date of adjustment. | \$ | 75.00 | | |
| 30. | higher | conal food and clothing expense. The monthly than the combined food and clothing allowance % of the food and clothing allowances in the IRS | s in the IF | RS National Sta | ctual food and clothing expenses are ndards. That amount cannot be more | | | | |
| | | d a chart showing the maximum additional allow ctions for this form. This chart may also be availe | _ | - | · | | | | |
| | You m | nust show that the additional amount claimed is i | easonabl | e and necessar | y. | \$ | 0.00 | | |
| 31. | | nuing charitable contributions. The amount the ments to a religious or charitable organization. 2 | | | ntribute in the form of cash or financial | +\$ | 0.00 | | |
| 32. | | II of the additional expense deductions. nes 25 through 31. | | | | \$ | 488.00 | | |

Official Form 122A-2

| Dedu | ctions for Debt Payment | | | | | | |
|------|--|--|----------|--|---|----------------------|------------------------|
| | or debts that are secured by an intere ans, and other secured debt, fill in lir | est in property that you own, including hom les 33a through 33e. | ne morto | gages, vehicle | • | | |
| | o calculate the total average monthly pa editor in the 60 months after you file for | yment, add all amounts that are contractually bankruptcy. Then divide by 60. | due to e | ach secured | | | |
| | Mortgages on your home: | | | | | | erage monthly yment |
| 33a. | Copy line 9b here | | | | => | \$ | 0.00 |
| | Loans on your first two vehicles: | | | | | | |
| 33b. | Copy line 13b here | | | | => | \$_ | 41.67 |
| 33c. | | | | | | \$_ | 33.33 |
| 33d. | List other secured debts: | | | | | | |
| Name | of each creditor for other secured debt | Identify property that secures the debt | | Does paym include tax insurance? | es or | | |
| | | 2004 Chevrolet Avalanch 183,000 Location: 190 Faircrest St. SW, C OH 44706 | | - | | | |
| | Taba Financial Comicas Inc | | | ■ No | | | 44.07 |
| - | Tebo Financial Services, Inc. | Neeeds repairs | | □ Yes | | \$_ | 41.67 |
| | | | | □ No | | | |
| _ | | | | _ | | \$_ | |
| | | | | □ No | | | |
| | | | | ☐ Yes | | . 0 | |
| - | | | | | · ———————————————————————————————————— | +\$_ | |
| 33e. | Total average monthly payment. Add li | nes 33a through 33d | \$ | 116.6 | , to | opy otal ere=> | \$116.67 |
| | other property necessary for your s | secured by your primary residence, a vehi- upport or the support of your dependents? | | | | | |
| | | t pay to a creditor, in addition to the payments sion of your property (called the <i>cure amount</i>) information below. | | | | | |
| Name | e of the creditor | Identify property that secures the debt | | Total cure amount | | | Monthly cure amount |
| -NO | NE- | | \$ | | ÷ 60 |) = \$ | |
| | | Tot | al \$ | 0.00 | to | opy otal ere=> | \$0.00 |
| | o you owe any priority claims such a e past due as of the filing date of you | s a priority tax, child support, or alimony - 1 ir bankruptcy case? 11 U.S.C. § 507. | that | | | | |
| | No. Go to line 36. | | | | | | |
| | ongoing priority claims, such as | • | | | | | |
| | Total amount of all past-due p | riority claims | \$ | 2,700.00 |) ÷6 | 0 = 3 | \$ 45.00 |

| ebtor 1 ebtor 2 | | y Edward Thompson, Jr. nifer Lee Thompson | | Case | number (<i>if known</i> |) | | |
|--------------------|---------------|---|----------------------|-----------|--------------------------|----------------|----------------|-----------|
| Fo | r more | eligible to file a case under Chapter 13? 11 U.S.C. § 1 information, go online using the link for <i>Bankruptcy Basi</i> ns for this form. <i>Bankruptcy Basics</i> may also be available. | <i>ics</i> specified | | | | | |
| | No. | Go to line 37. | | | | | | |
| | Yes. | Fill in the following information. | | | | | | |
| | | Projected monthly plan payment if you were filing under | r Chapter 13 | \$ | | | | |
| | | Current multiplier for your district as stated on the list is Administrative Office of the United States Courts (for di- and North Carolina) or by the Executive Office for Unite (for all other districts). | stricts in Ala | | | | | |
| | | To find a list of district multipliers that includes your dist the link specified in the separate instructions for this for be available at the bankruptcy clerk's office. | | | | Con | y total | |
| | | Average monthly administrative expense if you were fili | ng under Ch | napter 13 | \$ | | => \$ | |
| | | of the deductions for debt payment. as 33e through 36. | | | | | \$ | 161.67 |
| Γotal | Deduc | tions from Income | | | | | | |
| 38. Ac | ld all o | of the allowed deductions. | | | | | | |
| | | ne 24, All of the expenses allowed under IRS e allowances | \$ | 5,842.00 | | | | |
| C | opy lin | ne 32, All of the additional expense deductions | \$ | 488.00 | | | | |
| C | opy lin | ne 37, All of the deductions for debt payment | +\$ | 161.67 | _ | | | |
| | | Total deductions | \$ | 6,491.67 | Copy total | here= | > \$ | 6,491.67 |
| rt 3: | Det | termine Whether There is a Presumption of Abuse | | | | | | |
| 39. C a | lculate | e monthly disposable income for 60 months | | | | | | |
| 3 | 9a. Co | py line 4, adjusted current monthly income | \$ | 6,817.26 | | | | |
| 3 | 9b. Co | py line 38, <i>Total deductions</i> | - \$ | 6,491.67 | | | | |
| 3 | | onthly disposable income. 11 U.S.C. § 707(b)(2). btract line 39b from line 39a | \$ | 325.59 | Copy here=>\$ | | 325.59 | |
| F | or the i | next 60 months (5 years) | | | | x 60 | | |
| 3 | 9d. To | tal. Multiply line 39c by 60 | 39d. | \$1 | 9,535.40 | Copy here=> | \$ | 19,535.40 |
| | nd out | whether there is a presumption of abuse. Check the | hox that ann | liee. | | _ | | |
| 40. Fi i | out | miletion there is a procumption of abaser of look the | box that app | nics. | | | | |

Chapter 7 Means Test Calculation

*Subject to adjustment on 4/01/22, and every 3 years after that for cases filed on or after the date of adjustment.

page 8

☐ The line 39d is at least \$8,175*, but not more than \$13,650*. Go to line 41.

| or 1 or 2 | Jenr | nifer Lee Thompson | Case | number (| if known) | | | |
|--------------|--|--|--|---|--|--|------------------|-------------|
| 1. | 41a. | Fill in the amount of your total nonpriority unsecured debt. If you A Summary of Your Assets and Liabilities and Certain Statistical Infor Schedules (Official Form 106Sum), you may refer to line 3b on that for | mation | \$ | .25 | _ | | |
| | 41b. | 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2) Multiply line 41a by 0.25 | , , , , , , , | \$ | | Copy here=> | \$ | |
| 25 | % of y | ne whether the income you have left over after subtracting all allow our unsecured, nonpriority debt. e box that applies: | , | tions is | s enough to | p pay | | |
| | | 39d is less than line 41b. On the top of page 1 of this form, check box part 5. | (1, There is | s no pre | esumption of | f abuse. | | |
| | | 39d is equal to or more than line 41b. On the top of page 1 of this for <i>umption of abuse.</i> You may fill out Part 4 if you claim special circumstants | | | | | | |
| 4: | l o: | re Details About Special Circumstances | | | | | | |
| | Oiv | <u> </u> | | | | | | |
| | a ba. | | d:atmaanta | | | | بمطه طمأطيي بيما | . :. |
| | | we any special circumstances that justify additional expenses or a calternative? 11 U.S.C. § 707(b)(2)(B). | djustments | of cur | rent month | ily income f | for which ther | e is |
| easo | onable | e alternative? 11 U.S.C. § 707(b)(2)(B). | djustments | of cur | rent month | ily income f | for which ther | e is |
| easo | onable | | djustments | of cur | rent month | ily income f | for which ther | e is |
| easo | onable lo. Go 'es. Fil | e alternative? 11 U.S.C. § 707(b)(2)(B). to Part 5. I in the following information. All figures should reflect your average mo | | | | | | e is |
| reaso □ N | onable lo. Go 'es. Fill ite You | e alternative? 11 U.S.C. § 707(b)(2)(B). | nthly expen | nse or in | ncome adjus or income ac | stment for ea | ach | e is |
| reaso □ N | onable lo. Go es. Fill ite You ne ad | e alternative? 11 U.S.C. § 707(b)(2)(B). I in the following information. All figures should reflect your average mo m. You may include expenses you listed in line 25. The most give a detailed explanation of the special circumstances that make cessary and reasonable. You must also give your case trustee docume | nthly expenate the expentation of y | nse or in penses o rour acti | ncome adjus or income ac | etment for eadingstments es or income | ach | e is |
| easo | ite Young | e alternative? 11 U.S.C. § 707(b)(2)(B). to Part 5. I in the following information. All figures should reflect your average mom. You may include expenses you listed in line 25. The must give a detailed explanation of the special circumstances that make cessary and reasonable. You must also give your case trustee docume justments. | nthly expenate the expentation of y | nse or in penses o rour acti | or income adjusting income adjustment | etment for eadingstments es or income | ach | e is |
| easo | onable lo. Go es. Fill ite You ne ad G | e alternative? 11 U.S.C. § 707(b)(2)(B). In the following information. All figures should reflect your average mo m. You may include expenses you listed in line 25. You must give a detailed explanation of the special circumstances that macessary and reasonable. You must also give your case trustee docume justments. | nthly expenake the expendation of y | nse or in penses o rour acti | or income adjustration on the company of the company on the company of the compan | etment for eadingstments es or income ense | ach | e is |
| easo | onable lo. Go es. Fill ite You ne ad G | e alternative? 11 U.S.C. § 707(b)(2)(B). In the following information. All figures should reflect your average mom. You may include expenses you listed in line 25. You must give a detailed explanation of the special circumstances that make cessary and reasonable. You must also give your case trustee docume justments. Sive a detailed explanation of the special circumstances | nthly expensake the expensation of y | enses or in enses or our acti rage m | or income adjustration on the company of the company on the company of the compan | djustments es or income ense t 37.00 | ach | e is |
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Chapter 7 Means Test Calculation

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **05/01/2019** to **10/31/2019**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Aultman Health

Income by Month:

Debtor 1

Debtor 2

| 6 Months Ago: | 05/2019 | \$1,889.54 |
|---------------|--------------------|------------|
| 5 Months Ago: | 06/2019 | \$1,028.95 |
| 4 Months Ago: | 07/2019 | \$1,156.63 |
| 3 Months Ago: | 08/2019 | \$2,174.25 |
| 2 Months Ago: | 09/2019 | \$2,582.40 |
| Last Month: | 10/2019 | \$1,727.98 |
| | Average per month: | \$1,759.96 |

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Charter Communications LLC

Income by Month:

| 6 Months Ago: | 05/2019 | \$0.00 |
|---------------|--------------------|------------|
| 5 Months Ago: | 06/2019 | \$0.00 |
| 4 Months Ago: | 07/2019 | \$0.00 |
| 3 Months Ago: | 08/2019 | \$0.00 |
| 2 Months Ago: | 09/2019 | \$0.00 |
| Last Month: | 10/2019 | \$1,061.58 |
| | Average per month: | \$176.93 |

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: DJ

Constant income of \$125.00 per month.

| Debtor 1 | Larry Edward Thompson, Jr. | | |
|----------|----------------------------|------------------------|--|
| Debtor 2 | Jennifer Lee Thompson | Case number (if known) | |

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 05/01/2019 to 10/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Legends**

Year-to-Date Income:

Starting Year-to-Date Income: \$\frac{\$13,904.65}{\$42,436.89}\$ from check dated \$\frac{4/30/2019}{\$10/31/2019}\$.

Income for six-month period (Ending-Starting): **\$28,532.24**.

Average Monthly Income: **\$4,755.37**.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | ¢310 | total foo |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

United States Bankruptcy Court Northern District of Ohio

| In | re | Larry Edward Th | nompson, Jr. ompson | | Case | No. | | |
|------|----------|---|---|---|---|---------------|----------------------|-----------------|
| | | | | Debtor(s) | Chaj | oter | 7 | |
| | | 5. 70 0 | | | | | | |
| | | DISC | LOSURE OF COMI | PENSATION OF AT | TORNEY FOI | R DE | EBTOR(S) | |
| 1. | cor | mpensation paid to m | ne within one year before the | 2016(b), I certify that I am the a filing of the petition in bankru ion of or in connection with th | ptcy, or agreed to be | paid | to me, for services | |
| | | For legal services, | I have agreed to accept | | \$ | | 985.00 | |
| | | Prior to the filing of | | ved | | | 985.00 | |
| | | | | | | | 0.00 | |
| 2. | The | e source of the comp | ensation paid to me was: | | | | | |
| | | ■ Debtor | ☐ Other (specify): | | | | | |
| 3. | The | e source of compensa | ation to be paid to me is: | | | | | |
| | | ■ Debtor | ☐ Other (specify): | | | | | |
| 4. | | I have not agreed to | share the above-disclosed c | ompensation with any other pe | erson unless they are | mem | bers and associates | of my law firm. |
| | | | | pensation with a person or perse names of the people sharing i | | | | law firm. A |
| 5. | In | return for the above- | disclosed fee, I have agreed | to render legal service for all a | spects of the bankru | ptcy c | ease, including: | |
| | b. c. | Preparation and filir Representation of th [Other provisions as | ng of any petition, schedules, ne debtor at the meeting of cre s needed] | endering advice to the debtor in statement of affairs and plan velocitors and confirmation hearing and executing | which may be requir ng, and any adjourne | ed; ed hea | rings thereof; | |
| 6. | Ву | Representat any other ad redemptions | ion of the debtors in any lversary proceeding, neg s, and amendments. The | d fee does not include the followard fee does not include the follow dischargeability actions, gotiations with secured creates above fee does not incluse of the bankruptcy code. | judicial lien avoi editors to reduce | marl | ket value of prop | erty; |
| | | | | CERTIFICATION | | | | |
| this | | ertify that the foregoi kruptcy proceeding. | ing is a complete statement o | of any agreement or arrangeme | nt for payment to me | e for r | epresentation of the | debtor(s) in |
| _ | Nov | vember 1, 2019 | | /s/ Jennifer D | | | | |
| | Date | 2 | | Jennifer Don Signature of At | ahue 0095827 | | | |
| | | | | | sociates Legal Cl | inic, | LLP | |
| | | | | 401 W. Tusca | arawas St. #400 | • | | |
| | | | | Canton, OH 4 330-456-6505 | 14 / 02 5 Fax: 330-456-6! | 506 | | |
| | | | | | hiolegalclinic.co | | | |
| | | | | Name of law fit | | | | |
| | | | | | | | | |

United States Bankruptcy Court Northern District of Ohio

| In re | Larry Edward Thompson, Jr. Jennifer Lee Thompson | Case No. | |
|--------|---|---|--|
| | - | Debtor(s) Chapter 7 | |
| | VERI | FICATION OF CREDITOR MATRIX | |
| The ab | ove-named Debtors hereby verify th | at the attached list of creditors is true and correct to the best of their knowledge. | |
| Date: | November 1, 2019 | /s/ Larry Edward Thompson, Jr. | |
| | | Larry Edward Thompson, Jr. | |
| | | Signature of Debtor | |
| Date: | November 1, 2019 | /s/ Jennifer Lee Thompson | |
| | | Jennifer Lee Thompson | |
| | | Signature of Debtor | |

Ability Recovery Services P.O. Box 4031 Wyoming, PA 18644

Akron Radiology PO Box 75558 Cleveland, OH 44101

Amsher Collections 4524 Southlake Pkwy STE 15 Hoover, AL 35244

Ashworth College 430 Technology Pkwy Norcross, GA 30092

AT & T U-verse P.O. Box 5014 Carol Stream, IL 60197

Aultman Hospital P.O. Box 80868 Canton, OH 44708

Banfield Pet Hospital 1816 NE 82nd Avenue Portland, OR 97220

Boardman Medical Supply 300 N State St Girard, OH 44420

Buckeye Financial 1928 W State St Alliance, OH 44601

CAEP-Dunlap P.O. Box 706192 Cincinnati, OH 45270

Canton Aultman Emergency Physicians PO Box 76659 Cleveland, OH 44101 Canton Financial c/o Pauline Shuler 1603 Market Ave N Canton, OH 44714

Canton Municipal Court 218 Cleveland Ave. SW Canton, OH 44702

Canton Municipal Court 218 Cleveland Ave. SW P.O. Box 24218 Canton, OH 44701

Canton Municipal Court 218 Cleveland Ave. SW Canton, OH 44701

Canton Pathology P.O. Box 80690 Canton, OH 44708

Capital One Bank PO Box 30285 Salt Lake City, UT 84130

Capital One Bank USA P.O. Box 30281 Salt Lake City, UT 84130

Centralized Business Solutions 1225 N. Main Street North Canton, OH 44720

Comenity Bank
P.O. Box 182789
Columbus, OH 43218

Diamond Resorts 8415 Southpark Circle STE 150 Orlando, FL 32819 Drew A Gonyias 6973 Promway Ave NW North Canton, OH 44720

Erie Insurance Company P.O. Box 9031 Canton, OH 44711

Fidelity Collections 855 S. Sawburg Ave #103 Alliance, OH 44601

First National Bank 500 E. 60th Street N Sioux Falls, SD 57104-0478

Gary M. Greger DPM P.O. Box 14000 Belfast, ME 04915

Gastroenterology & Hepatology Spec. 4360 Fulton Dr NW Canton, OH 44718

IC System
P.O. Box 64378
Saint Paul, MN 55164

Internal Revenue Service Kansas City, MO 64999

Jackson Township Board of Trustees 5735 Wales Ave NW Massillon, OH 44646

Kay Jewelers PO Box 740425 Cincinnati, OH 45274-0425

Kimberly Rathbone 1100 Superior Ave. 19th Floor Cleveland, OH 44114 LVNV Funding PO Box 10497 Greenville, SC 29603

Melissa Bowman 162 Victoria NW Canton, OH 44708

Midland Funding LLC c/o Kim Klemenok PO Box 30968 Cleveland, OH 44130

Nelnet P.O. Box 82561 Lincoln, NE 68501

Nexus P.O. Box 98875 Las Vegas, NV 89193

Patricia Campbell 1632 Cleveland NW Canton, OH 44703

Progressive Leasing 256 W. Data Dr. Draper, UT 84020

RBC P.O. Box 1548 Mansfield, OH 44901

Spectrum P.O. Box 932277 Cleveland, OH 44193

Stark County Emergency Physicians P.O. Box 20670 Canton, OH 44701

Superior Used Cars 1735 Front St Cuyahoga Falls, OH 44221 Tebo Financial Services, Inc 4740 Belpar St NW Unit A Canton, OH 44718

Tebo Financial Services, Inc. 4740 Belpar St. NW Unit A Canton, OH 44718